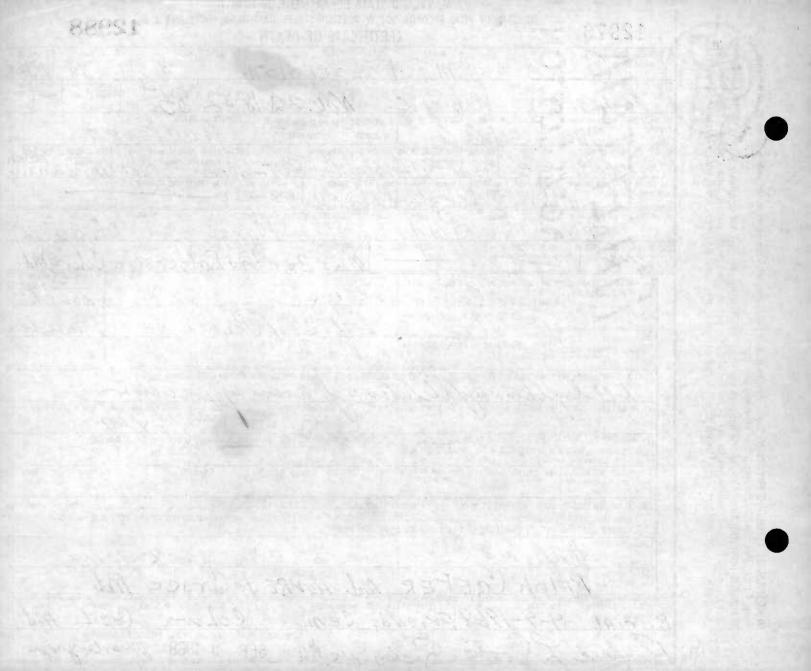
MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 89 12977 CERTIFICATE OF DEATH First 1. DECEASED-NAME Lost 20. DATE OF DEATH 2b. HOUR burial-transit permit. Then please remave carbon papers. Pages 1 and 2 burial, crematian, ar remaval, and in any event, within 72 hours after death. after death, funeral (Type or print) Month 1968 Barkley Norman Sep 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (in years IF UNDER 1 YEAR lost birthdoy) MONTHS DAYS HOURS Negro 7 Jun 33 Male hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Maryland USA WIDOWED [DIVORCED [Harford within 24 completely filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY HOSPITAL Aberdeen 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 1/3c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES Y NO Harford Aberdeen 403 Chestnut Street execu Marvland 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle pop Shockley Barkley Katie Molly Noah attending physician permit. Then please ATTENDING PHYSICIAN: The law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) Adjutant Ofc, Bldg 310, APG, Md. 220-26-8176 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) GETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Puncture Wound and Laceration in Epigastrium Unknown IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave) Apparent Gunshot Wound rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar tall 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Sep 18 Year HOUR A.M. (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work Aberdeen Harford Md. 22a. I certify that (I) (This tost took attended the deceased fram 18 Sep , 19 68 , ta 18 Sep , 19 68 , that (I) (XX) last saw the deceased alive an 18 Sep 19 68 , and that in (my) (CDC) apinian death accurred an the date and haur and fram the causes stated abave, (I) (XX) (did) (CDC) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 18 Sep 68 DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) US KIRK ARMY HOSP, ABERDEEN PG, MD. SCHWARTZ, CPT, MC 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b. DATE (County) (Stote) BRAOVAL (Specify) 9-23-68 Arlington National Ft. Myer Arlington Va. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) MATE SEP 2 3 30M REV, 1/68

MAKILAND STATE DEPAKTMENT OF HEALTH

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5		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120112990
		CERTIFICATE OF DEATH
2 02	1.	DECEASED NAME First Middle Lost 20, DATE OF DEATH 2b HOUR
after death		(Type or print) SARAH AGNES Bennett Sept. 36, 1968 930 AM
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iin 24 filled pape thin 77	10	CITY OR TOWN OF DEATH. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
if if if it is it	1	AURE do GEACE Sirvest oddress) AURE do GEACE Sirvest oddress) HOUSEWIFE HOME Memorial during most of working life, even if retired.) HOME
ecuted with	173	D. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER
mpl mpl	00	mission) STATE md 13b. COUNTY Harford Fallston YES NOT Charles Street
Xect No So		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
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ertificate be physician a nen please i aval, and in		Lawrence Scarborough Lucy Chamberlain
a elegici at	- 1	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Addres D #1 Box 143
wall was a second		Yes, no of unknown) (If yes give war or doles of service) 212-50-5071 Grover C. Bennett Fallston, Md.
at the death cer the attending p nsit permit. The matian, ar rema		1B. CAUSE OF DEATH (Enter only one couse per line for A. (1) and (c).)
ath idin it.		PART I. DEATH WAS CAUSED BY: Wheleac Jecompensalion 3 days
de de		4/29 DUE TO, OR AS A CONTEQUENCE DE
t pe d		Conditions, if ony, which gove)
at the nasi		rise to immediate couse (a).
tho ian. by tran		stating the underlying couse DUE TO, OR AS A GONSEQUENCE OF
equires physici signed burial-t burial,		lost. 4221 (c)
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within se retained by the haspital ar attending physician. NIRECTOR: After this certificate has been signed by the attending physician and completely filling a should be detached far use as the burial-transit permit. Then please remave carban posts with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within		PART 2-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6)
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PHYSICIAN: The law re haspital ar attending this certificate has been etached far use as the Dept, af Health priar ta	CEDITICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The atte	2	YES NO X CAUSES OF DEATH?
ar ar eath		
T to the second	1	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) P.M. 19
rent rent hed t. a	14 COLOGN	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BILLIADHOF-TEC. OFFICE BILLIADHOF-TEC.
PH) sis had		While Not while OFFICE BUILDING, ETC.
DING PHYSIC by the haspit frer this certi be detached State Dept. af		at work of work
DING d by th After d be d	1	22a. I certify that (1) (this haspital) attended the deceased from Sept. 14, 1968, to Sept. 26, 1968, that (1) (we) last saw the deceased alive on Sept. 26, and that in (my) (our) opinion death occurred on the date and hour and from the
EN Sed		causes stated above, (1) (we) (did) (did native with a bady after death.
the To die		22b, SIGNATURE 22c. DATE SIGNED
Wilson		Clogare Gram Degree Phys. Director Dire
Lo Dello	=	22d. PHYSICIANS 22e. ADDRESS 22e. ADDRESS
May May be for the formal party and the formal part		NAME (Type) Followed C Loo M) 220. ADDRESS TO Grace Jud.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hause after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Princial directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 7 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.	=	Leave the first that
HO Jage	23	o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CREMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 5 p. s.		Buriativ) 9/30/1968 Bel Air Mem. Gardens Bel Air, Harford, Md.
VR A15 (6)		FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
30M REV. 1488	N P	harles E. Kurtz Jarrettsville, Md. DATE SEP 30 1968 Scharles Judge

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		12979	DIVISION OF VITAL REC			TIMORE, MARYLAND 212	10004
				CERTIFICA	TE OF DEATH		12331
		CEASED-NAME Firs	st Middl	e	Lost	20. DATE OF DEATH	2b. HOUR
	- (1	ype ar print) Will,	AM MARS	etern 1	BeRG	Sont	25 1968 1:10 M
	3. SE	X	4. RACE	S.	DATE OF BIRTH	b. AGE (In year last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
4		MAle	white		10/22/19	1/2 last birthday	YRS. MONTHS DAYS HOURS MIN.
1		IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	
1	coun	" Va	USA	WIDOWED	DIVORCED	HARFO	RD Md.
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA give street address)	AL OR INSTITUTION (If not	in hospitol 12a. USU	IAL OCCUPATION (Kind of work	done 12h KIND OF BUSINESS OF
1	H	FURE de G	VACE MARFOR		H Hosp M	nost of working life even if ret	ired.) INDUSTRY GOVT.
		USUAL RESIDENCE (Where decersion) STATE In i	ased lived, if institution: Residence	befare 13c. CITY OR TO	OWN JA. INSIDE CITY	LIMITS? 13e. STREET AND NUME	JER
		Md.	130. COUNT HARFO	RO HAURE	de Grace	12276	INTARIO 21.
1	14. F	ATHER'S NAME First	Middle	Last IS. A	MOTHER'S MAIDEN NAME	First Mic	ddle Last
	_(HARLES :	1111/10/11/10	ERG	NATILU	7 HERNI	912
а			e war or dates of service)		ORMANT PO -	Bug 1227 or	- W-H
ı	_	V0 1	e war or dates of service) YE		is william	Corred 1 Wall	APPROXIMATE INTERVAL
۱		1B. CAUSE OF DEATH (Enter of	only one cause per line far (a), (b),	ond (c).) - e		/_ _	BETWEEN ONSET AND OFATH
- 1			DIATE CAUSE (a)	lager Co	income	220	175
		Canditions, if any, which gove	DUE TO, OR AS A CONSEQUE	NCE OF	2	1	12.6
		rise to immediate couse (o)	(b)	Cours	and of	1710-	191
		stating the underlying cause last.		INCE OF			/
		-	ONDITIONS CONTRIBUTING TO DEAT	FRUT NOT DELATED TO T	THE TERMINAL DISEASE OF	CONDITION CIVEN IN PART 1(a)	
1		1930	ONDITIONS CONTRIBUTING TO DEAT	DOT NOT KELATED TO	THE TERMINANCE DISCASE OR	CONDITION OFFER IN TAKE I(u)	
ŀ	TION	19o. DATE OF OPERATION 191	b. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FIND	DINGS CONSIDERED IN CERTIFYING
	CERTIFICATION				YES NO NO	CALICEC OF DEATHS	
		21a. ACCIDENT WAS UNDERLY				er nature of injury in Part 1 ar F	Port 2, Item 1B.)
1	MEDICAL	OR CONTRIBUTING CAUSE OF DE		Year 19			
		21d. INJURY OCCURRED 21		STREET, FACTORY, 1 21f. LOCA	ATION Street or R.F.D. No	a. City or Town	County Stote
		While Nat while at work	COTTICE BUILDING	1			
		22a. I certify that (I) (t	this haspital) attended the o	deceased from	, 19_	67, to Supt 25	, 19 <u>68</u> , that (I) (we) last
		saw the deceased	alive an Schot 25 ve, (I) (we) (did) (did nat) vie	1968 and t	that in (my) (aur) ap	oinian death &ccurred an t	the date and haur and fram the
		22b. SIGNATURE	ve, (i) (we) (ala) (ala nat) vie	w the budy after de	uiii.		22c. DATE SIGNED
		220. SIGNATURE D	Limin	DEGREE	ATTENDING PHYS.	MED. STAFF PHYS.	9/25/68
		22d. PHYSICIAN'S	700000	Dedita	22e, ADDRESS	DIRECTOR — THIS, —	5
		NAME (Type)	J. Sim.	N	three &	of Grave	
	23a.	BURIAL, CREMATION, 23b	D. DAJE 23c. N	AME OF CEMETERY OR CA	REMATORY	23d. LOCATION (City or Town	n) (County)/ (State) /
	(RPMOVAL (Specify)	1/28/1968 a	ngel Hit	1 Cemeter	Havede Mra	a, Harford, My
	24.	PUNIRAL DIRECTOR	Hay Hand	ADDRESS A A A A	250. REED	BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE
1	1	uemmyter	1 ser , 1 week	a somer	DATE	0 0 1000	The Kind

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1		19000	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, I	MARYLAND 21201
		12930	CERTIFICATE OF DEATH	12992
death.	1. D	ECEASED-NAME Type or print) First		OF DEATH Manth Day Year 2b. HOUR
death	1	Glad	15 IRene PROWN Sep	1. 25, 60 d PM
	3. 5	EX /	4. RACE S. DATE OF BIRTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In under 24 HR
	-	TEMA/E	White HAN. 10, 1893	1 KJ.
		BIRTHPLACE (State or foreign ntry)	MAKKIED MEYER MAKKIED	OF DEATH
	10	///d·	USA WIDOWED DIVORCED D	HARFORC Md. 10N (Kind af wark dane 12b. KIND OF BUSINESS OR
6	4	CITY OR TOWN OF DEATH	give street address) / during thost of war	10N (Kind af wark dane ting life, even if retired.)
12		USUAL RESIDENCE (Where decearissian) STATE		e. STREET AND NUMBER
1	14.	FATHER'S NAME First	Middle Lost 15. MOMER'S MAIDEN NAME First	Middle Lost
	1	WILLIA		DERSON
		WAS DECEASED EVER IN U.S. ARI	NED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	Address
		es, no atunknawn) (If yes give to	215-5-4-1503 MRJ, PAULST	EELE, DARLINGTON, MID.
		18. CAUSE OF DEATH (Enter or	ly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSE IMMEDI	DBY: Cause (a) Near Culine Clere Clark	(au) INMED
		2509	DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which gave rise to immediate couse (o),	(b) turbos	
		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	1000
		last.	(1)	noscian 109nc
	Z	260 X	IDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (SIVEN IN PART I(a)
	CATIC	19a. DATE OF OPERATION 19b.		b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING USES OF DEATH?
2	CERTIFICATION	ACCIDENT WAS	YES NO [X]	
		21a. ACCIDENT WAS UNDERLYING CAUSE OF OEA		injury in Port 1 or Port 2, Item 18.)
	MEDICAL	(If either, natify medical exami	ner) P.M. 19	City or Town County State
	1	While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No.	City ar Tawn County State
		at work at wark	is haspital) attended the deceased from fruit 1, 1965, ta.	9-25, 1968, that (1) (we) last
		saw the deceased o	live an 9-25 19 68, and that in (my) (aur) apinian dea	th accurred an the date and haur and fram the
		cguses stated abov	e, (I) (we) (did) (did nat) view the bady after death.	
	Н	22b. SIGNATURE	OC ATTENDING MED.	STAFF 22c. DATE SIGNED
		Mulay	DEGREE PHYS. DIRECTOR 22e. ADDRESS	☐ PHYS. ☐ [] < 3 /(3)
1		22d. PHYSTCIAN'S NAME (Type)	when Philips IN DARLING	Ich and Box300
	230	. BURIAL, CREMATION, 23b.		CATION (City ar Tawn) (Caunty) (State)
		BEMOVAL (Specify) 5	IN MAZHTUOZ BONTHERN J	DUBLIN, HARFORD, MD.
	1	FUNERAL DIRECTOR	ADDRESS 25a. REC'D BY REGISTRA	
	1	JOHN H. HA	RKINS, DELTA, PA DATE SEP 30	1968 Icharles Judge

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120112993 MARYLAND STATE DEPARTMENT OF HEALTH 12981 CERTIFICATE OF DEATH lost DECEASED-NAME First Middle 2o. DATE OF DEATH death. deoth. the Tunerol (Type or print) Month September Margaret Vassar Chanman 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNGER 1 YEAR IF UNOER 24 HRS. ours after lost birthdoy) MONTHS DAYS HOURS 1898 Female White Jan. 4. 24 hours 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) U.S.A. WIDOWED X DIVORCED [Harford filled hin 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address) remove corban burial, cremation, or removol, and in any event, wit Jarrettsville ransportat-Buckthorn Agent 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER ion 13b. COUNTY odmission) STATE Mary] 7 7 YE Buckthorn arford Jarrettsvi 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First and requires that the death certificate be Charles Malone physicion a Daniel Vassar Queen 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT RD #1AddressBox 795 Yes, go, or unknown) 1 (If yes give war or dates of service) Jackson Jarrettsville, Md Roberta J. 21084 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY permit. erebro- basaular Louis IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 moy be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 shauld be detoched for use as the should be filed with the State Dept. of Health prior to Sequell 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? Now NO M YES [21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yeor non a P.M If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while MANQ اللائلة المالية 1961 220. I certify that (1) (this hospital) ottended the deceased from to 2001-7. 19 60, and that in (my) (opinion death occurred on the date and hour and from the sow the deceosed olive on___ couses stoted obove, (I) ((did) (did yield) yiew the body ofter deoth 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Tige) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Weston Macpelah Lewis ADDRES3 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 1968 30M REV, 1/68 Charles E. Kurtz Jarrettsville. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12982 CERTIFICATE OF DEATH 2a. DATE OF DEATH Last 1. DECEASED-NAME First Middle 2b. HOUR death. Manth (Type ar print) Cheadle Edward C. Sept. after (3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years SE UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS HOURS Mala White 14 February 1885 24 hours (ease remave carban papers. Pa and in any event, within 72 haurs 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland Harford U.S.A. DIVORCED WIDOWED TO tampletely filled 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital within 12b. KIND OF BUSINESS OR give street address INDUSTRY Taxi during most of working life, even if retired.)
Taxi Operator Aberdeen Baltomore St. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YEST NO [230 Baltimore Street Aberdeen IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle Last Last Gorrell Walter Cheadle (D Evelvn 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address requires that the death certificat Yes, na, ar unknawn) burial, cremation, or remaval, 218-12-0671 Rebecca C. Turner. Aberdeen. Md. 21001 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c). PART I. DEATH WAS CAUSED BY: TOMPOS : IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior to 19g. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NOXX YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Page 4 may be retained by the haspital Manth Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Caunty State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 1 - 20 - 17, 19 ____, to ______, 19 ____, 19 ____, that (I) (we) last carried and the date and haur and from the causes frated above. (1) (we) (did (did not) view the body after death. 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Peter P. Rodman. M.D. 8 Law St. Md. 21001 Aberdeen. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) 23a. BURIAL, CREMATION 23b. DATE (Caunty) (State) REMOVAL (Specify) (Cecil) Md. Ebenezer Cemetery Rising Sun, 28 Sept 68 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Tarring Funeral Home, Aberdeen, Md. 21001 30M REV.

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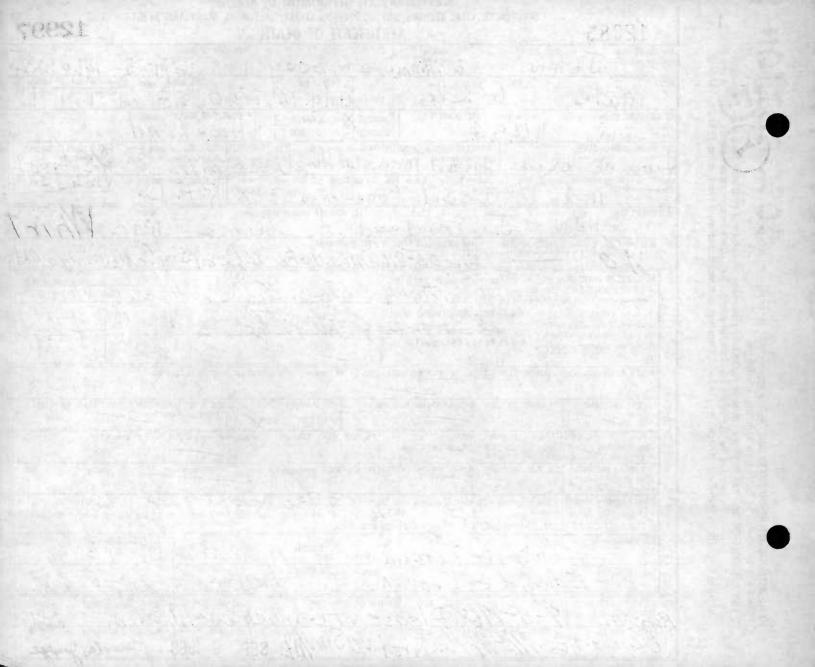
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市	3. SE	X	4. RACE		S. DATE OF BIR	RTH	6. AGE (In years last birthday)	IF UNOER 1 YEAR IF UNOER 24 HRS.
₽ ₽ 8 8	H	emale	Cano	casian	07-30	0-1880	last birthday) 88 YR5	MONTHS DAYS HOURS MIN.
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4 ho l in lers. 72 ho	cour	try) irginia	USA	A		CED 🔲	Harford Coun	tv - Md.
equires that the death certificate be executed within 24 haurs after death. physician. signed by the attending physician and compretely filled in by the funeral buriol-transit permit. Then please remove carbon papers. logge if and 2 buriol, cremotian, or removol, and in any event, within 72 hours with death	10. 0	irginia ITY OR TOWN OF DEATH	1	1 NAME OF HOSPITAL OR INS	STITUTION (If not in hospital	120. USUAL OCC	UPATION (Kind of work done	13P KIND OF BHCINESC OD
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ant carrie	130.	USUAL RESIDENCE (Where dece	sed lived, if ins	stitution: Residence befare	13c. CITY OR JOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
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ote	16a.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURITY I			ntreal Draves	
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t the death certificote be the attending physicion c sit permit. Then please notian, or removol, and in		1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA)	only one couse p	er line far (o), (b), and (c).	1 PARTA	in min		BETWEEN ONSET AND DEATH
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phy sigr bur bur		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	L DISEASE OR CONDIT	TION GIVEN IN PART 1(a)	
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AN: al o icate for Hea		21a. ACCIDENT WAS UNDERLY	ATH HOUR A	AE OF INJURY A.M. Manth Day Year		UKKED (Enter note	ire at injury in Part I or Part 2	, Irem IB.)
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the del		at work of wark	hia haanit-N	attended the decem	ad fram	10	ta 1	9 that (I) (wa) last
DIN Affe be Sto	. 7	saw the deceased	alive an_	allended the deceas	19, and that in (m	y) (aur) apinian	death accurred an the o	9, that (I) (we) last date and haur and from the
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Page 4 moy be retained by the hospital or attending physician. Page 3 physician. C FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use os the buriol-transhould be filed with the Stote Dept. of Health prior to buriol, cre				Mezei, M.			Ave. Hazzika	
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5 5 5 p. s.			Oct. 1	968 Arlingt	con National	Cemetery	Ft Myer.	Virginia
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JUM KEV. 1/68	T	arring Funera	Home,	Aberdeen, M	d. 21001	DAIE		00

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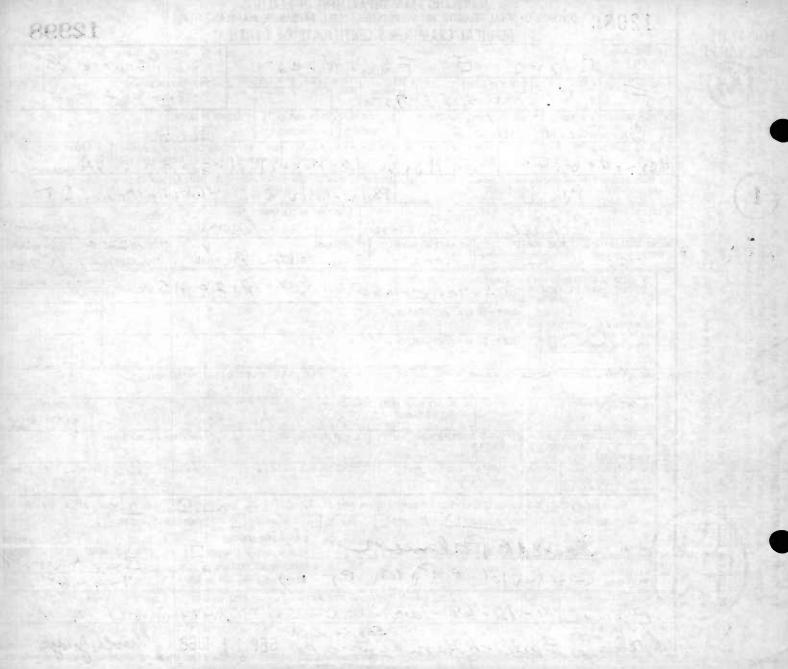
41		12384 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12986)
ter death.		CEASED-NAME First Middle Lost 20. DATE OF DEATH Sept. Manth 11, Doy Year 68 2b. HOUR	M
	3. SE	Male S. DATE OF BIRTH Mar. 27, 1906 6. AGE (In yeors IF UNDER 14 HES) Months DAYS HOURS MIN 62 YRS.	S.
	7o. E	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Harford	Md.
0		ITY OR TOWN OF DEATH JOPpatowne 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) INDUSTRY INDUSTRY	
2	13a. admi	USUAL RESIDENCE (Where deceased lived, if institution: Residence before ssion) STATE Maryland 13b. COUNTY Harford Joppatowne 7ES NO 515 Eckhart Drive	
1	14. F	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost John Oliver Davies Katherine Floyd	
	16o. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 95 no gr unknown) (If yes give war or dates of service) 216-09-5783	
	NC	PART 1. DEATH WAS CAUSED BY: PART 1. DEATH WAS CAUSED BY: PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
2	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?	
	MEDICAL CI	21a. ACCIDENT WAS UNDERLYING ☐ CAUSE OF BEATH (If either, notify medical examiner) 21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 21d. INJURY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC.	
		22a. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an (0.19 or, and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death.	ast he
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8	230.	BURIAL (REMATION, PEMOYAL (Specify) BURIAL . 9-14-1968 Meadowridge Mem. Park Howard Co., Maryland	
60	24. Wn	FUNERAL DIRECTOR ADDRESS Cook—Brooks Towson, 1050 York Rd. Toyson Md. 21204 DATSEP 1 6 1968 Clearles Question	

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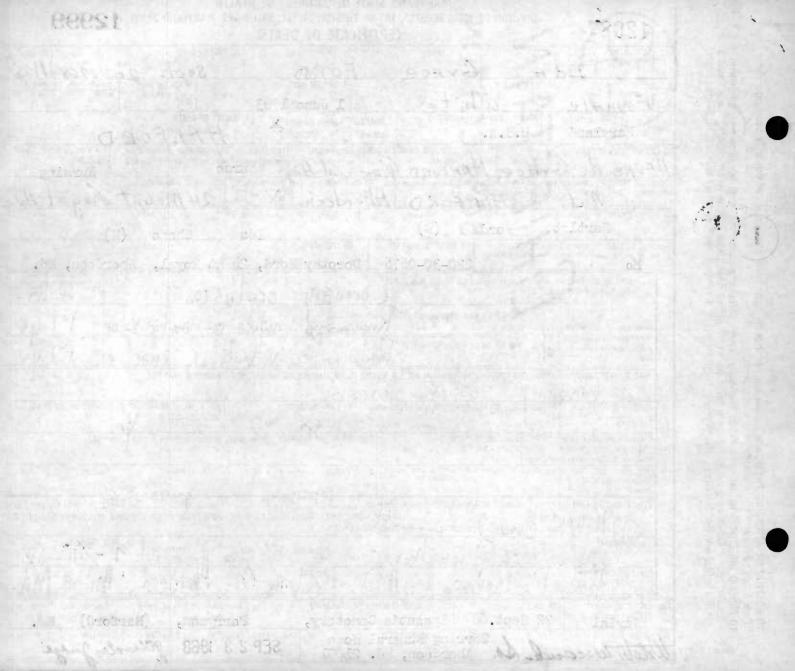
MAKTLAND STATE DEPAKTMENT OF HEALTH



7		MARYLAND STATE DEPARTMENT OF HEALTH	
1	1	12986 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	40000
/ FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12998
HEALTH DEPT.		DECEASED-NAME (Type or Print) 2a. DATE KNOWN Month	Doy Year 2b-HOUR
o 0 8 €	,	(Type or Print) Clara E Faul KNer DEATH MATED Sep	7 8 168 M
delay and 3	3. 5		2d. HOUR
		May 4, 1893 75 YRS	Year 19 M
1, 2, m P		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	cani	"Conowings, Ma U. S. A. WIDOWED DIVORCED Harford	Md.
ath th th Sto		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
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		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 472	5 mullerry St.
l within n pencil Examine File pagi		Yes, na, or unknown) (If yes give war or do tes of service) None Mrs. Halton Brown, Philade	
cate shauld be executed with gathe word "pending" in peed to to the Chief Medical Exared to burial-transit permit. File and in any event within 72		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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iting iting ardec d as ral, a	No	4221	
nis certificate, writin	CAT	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This icate, be for a rer	CERTIFICATION	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. It	YES NO X
MINER: This the certificate, 4 shauld be four files. e 3 shauld be ur files.		PRIMARY OR CONTRIBUTING HOUR A.M.	lem IB.)
INER: e cert shaul files. 3 shau	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e, PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na. City at Town	Country 54.4
	-	WHILE ON NOT WHILE factory, office building, etc.)	County State
EXAM ecute th Page 4 ar yaur R: Page al, crem	100	AT WORK AT WORK	
ICAL EXAM e execute the for. Page 4 ed for your CTOR: Page burial, cren		22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry	d, and in my apinian
Se se se commendation of the properties of the p		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
UTY DICA 117, please e neral director be retained be retained RAL DIRECT prior to bu		ACTUAL POLICE CHIEF MEDICAL EXAMINER (CICLIED
TY, I'Y, I'Serol be real perion		SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER 220. DATE	SIGNED I- M
o DEPUTY DICA necessary, please e the funeral director 5 may be retained o FUNERAL DIRECT Health priar to bu		EXAMINER'S NAME (Type) G-P 1-1 (of P P IM P) - DEPUTY MEDICAL EXAMINER & P TONTS (Street, city, town, or county)	0-68
TO DEPL necessed the fun 5 may 0 FUNE Health	230	2. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
		REMOVAL (Specify)-0 9-12-68 Fairview Cemetery Montaymery C	ounts Pa.
	24.	FUNERAL DIRECTOR ADDRESS 55% REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
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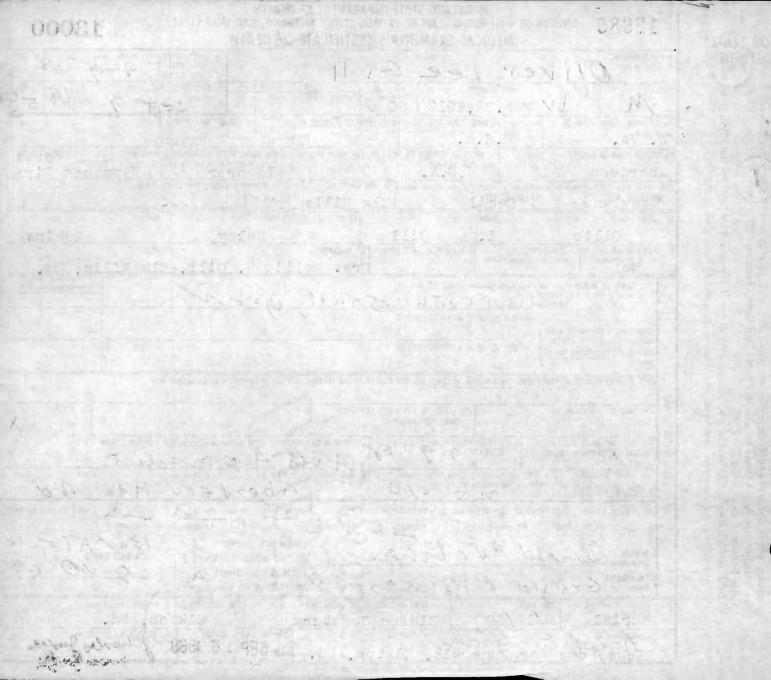


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		12987			CERTIFICATE			10		
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Ì	60.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURITY	NO. 17. INFORMAN		la Dilai	Address		
	11	es, no or unknown) (If yes giv	a wat or gates or service)	220-30-06	76 Dorot	hy Ford,	24 Mt Roya	Aber		Md.
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ı		stoting the underlying cous lost.	(c)	AS A CONSEQUENCE OF	Kheuma	tec 12/1	Julites i	12 Pilosu	1-	V'Y
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l	CERTIFICATION	190. DATE OF OPERATION 19	b. CONDITION FOR WI	HICH OPERATION WAS P		AUTOPSY?	CAUCIC OF DEATH	FINDINGS CONSID	DERED IN CER	TIFYING
		210. ACCIDENT WAS UNDERLY				Y OCCURRED (Enter	r noture of injury in Port	1 or Port 1, Item	18.)	4.5
	MEDICAL	or contributing cause of D	niner) P.M.		9			'		
	Σ	111110	e. PLACE OF INJURY	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION	Street or R.F.D. No.	. City or Town	Co	ounty	State
		of work of work	his hasnitall at	hadad the deces	od-from	150 19	ta 9 - 6	10/08	, that (I) (wa) last
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1		causes stated aba	ve, (f) (did)	(did wit) view the	body after death.	/			65603	
1		22b. SIGNATURE	H	Vilu h.	DEGREE PHY	ENDING N	MED. STAFF	22c DATE	- 90 -	-60
		22d. PHYSICIANS	DAN	ALIAIANI . M.	V	ADDRESS	OF THE	M.	17	Mail
1	4	NAME (TYPE)	1. 1700	Mch	111. N - 18	L FGM	21 - 1/18-LOI	en, H	DOUBLE	INV.
1	230.	BURIAL, CREMATION, 231	DATE		CEMETERY OR CREMATO		23d. LOCATION (City of	1	ounty)	(State)
	0.4	TO ORDER ON CALL	22 Sept.6		ia Cemeter		Perryman,	(Harfo		Md.
-	10	FUNERAL DIRECTOR	0 / 1	arring Appli		2So. REC'D B	2 3 1968	REGISTRAR'S SIGN	Quela	P.
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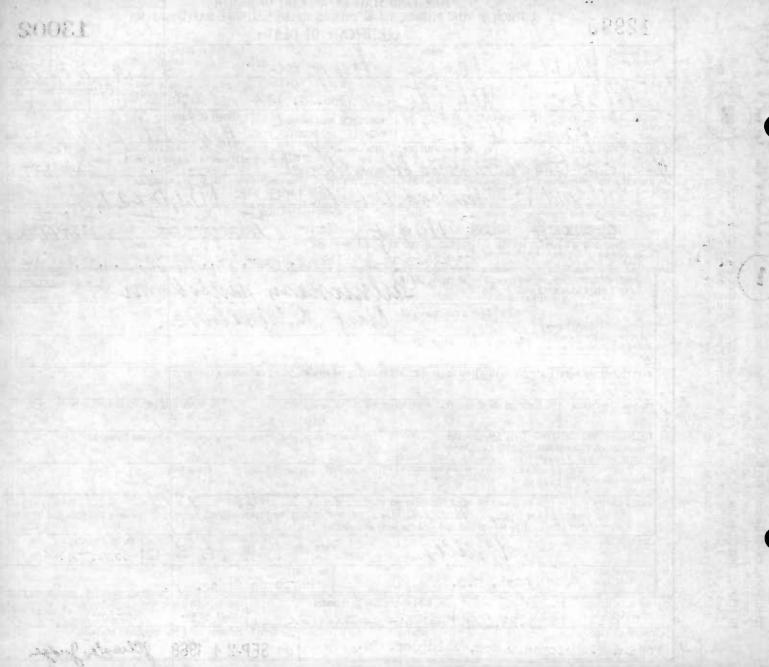
12988 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13000 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle 2a. DATE KNOWN Month Year (Type or Print) ESTI-OF 0 DEATH MATED delay and 3 t IF UNDER 24 NRS 3. SEX 4. RACE AGE (In years IF LINDER 1 YEAR 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD last birthday) 56 YI MONTHS HOURS Feb.22.1912 YRS 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED couptry) Va. U.S.A. WIDOWED [DIVORCED Harford the Stote 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS - OR give street address) during, most of working life, even if retired.) INDUSTRY Aberdeen aborer stone death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY -YES NO lond 2 ofter 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Lost Ollie Gill Halev dkins pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS This certificate should be executed within (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Nellie Elk File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), pleose execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD removol, CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [NO C pe 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 0 21b. TIME OF INJURY Month, Day, Year 210. EXTERNAL CAUSE WAS 3 should MEDICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH EXAMINER: buriol, cremotion, 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, affice building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection A and in my apinion death resulted fram: Natural causes Accident 🗸 Suicide Undetermined monner Homicide | CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5 may TO FUNE Heolth NAME (Type) (TY) ADDRESS(Street, city, tawn, ar county) the 23a. BURIAL, CREMATION 235 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Elkton Cemetery Elkton. 24. FUNDRAL DIRECTOR 2Sg. REC'D BY REGISTRAR VR A15ME [5] Elkton. Md. Funerals. ome Ior

MARYLAND STATE DEPARTMENT OF HEALTH

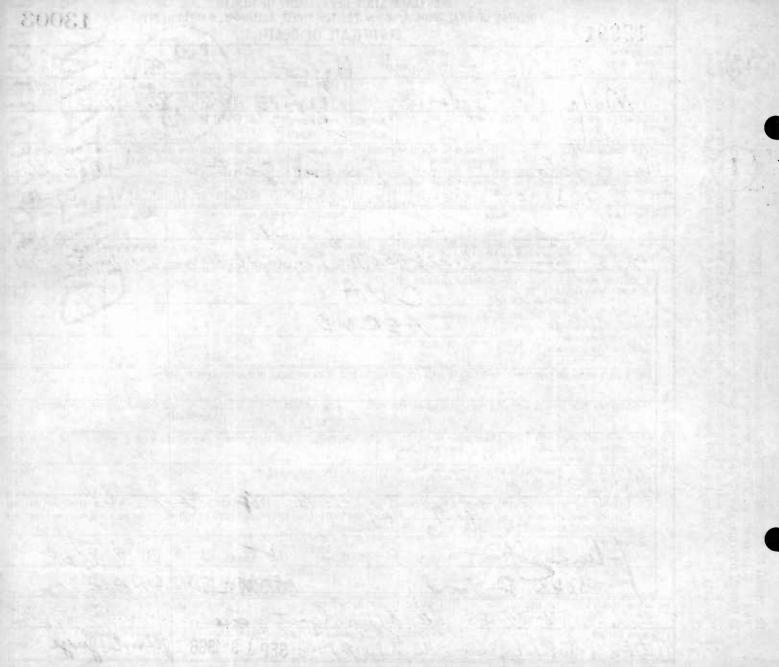


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARRIAND 1 CERTIFICATE OF DEATH funeral and 2 death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: , Residence before admission) a. COUNTY RFORM b. COUNTY a. STATE MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b JOPPA OPPA e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ROSEMONT within NO C YES etely 3. NAME OF Month Day Middle DECEASEO OF DEATH September event, 25 19 68 (Type or print) 10 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. DATE OF BIRTH 7. MARRIEO NEVER MARRIED remove in any WIDOWEO DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) lease and ir during most of working life, even if retired) INOUSTRY COUNTRY? 5 1517 DRIVER TRUCKING PHYSICIAN: The law requires that the death certificate the hospital or attending physician. FATHER'S NAME removal, MOTHER'S MAIOEN NAME 500 00 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address certificate has been signed by the atten hed for use as the burial-transit permit. t. of Health prior to burial, cremation, or (Yes, no. or unkown) | (If yes nive war or dates of service) ESSEX ELMER INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: carcinoma To brain etastatic mosarcinoma Conditions, If any, which gave rise to immediate DUE TO (a), stating underlying cause last, (c) WAS AUTOPSY PERFORMEO? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YES ! NO F 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached for te Dept. of H OR CONTRIBUTING | CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While After Id be d be retained by at work at work 1968 to Sept 28 1968 that (1) (me) last 21. I certify that (I) (this hospital) attended the deceased from Talu orrector: / age 3 should filed with the pt 25 19 68, and that death occurred at 7, 35 PM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING PHYS. MED. DIRECTOR Page 4 may h M.D. PHYS. TO FUNERAL PHYSICIAN'S 22d. ADDRESS 22c. director, p should be 1 NAME (Type) BOX 3 81 (State) NAME OF CEMETERY OR CREMATORY LOCATION (CIty, town or county) OATE THEREOF BURIAL, CREMATION, REMOVAL (Specify) 26/68 TENN SLEWWOOD BRISTOL KEMOUSE 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1968 VR A15 (4) EINS -STURDIVA INDEPENDENCE 15M 4-64

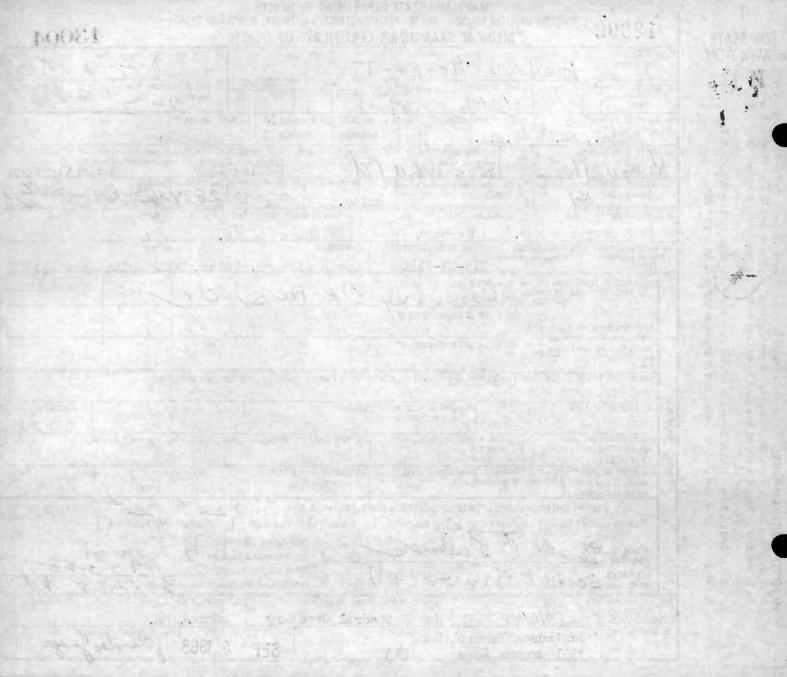
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MAKILAND STATE DEPAKIMENT OF MEALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12991 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH First Last apers. Pages I and 7 n 72 haurs after death Month (2) (Type or print) Day Year 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH SELINDER 1 YEAR last birthday) DAYS HOURS 7a. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED country) WIDOWED TO DIVORCED crematian, ar remaval, and in any event, within 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12b. KIND OF BUSINESS OR eter give street address during most of working life, even if retired.) 13d. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed campl STATE admission) 13b. COUNTY! YES NO C remove Middle 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Last and First Lost 25 physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO Yes, no or unknown) (If yes give war or dates of service) attending phy 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave signed by the burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. director, page 3 shauld be detached far use as the burial-shauld be filed with the State Dept. af Health priar ta burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [TENDING PHYSICIAN: be retained by the haspital ar **DIRECTOR:** After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while 220. I certify that (1) (this haspital) attended the deceased from a, and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased olive an. causes stoted above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS PHYS TO HOSPITAL Page 4 may b 22e. ADDRESS 22d. **BHYSICIAN'S** O FUNERAL AME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, 23b. DATE 23c. (County) REMOVAL (Spetify) 2Sb. REGISTRAR FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

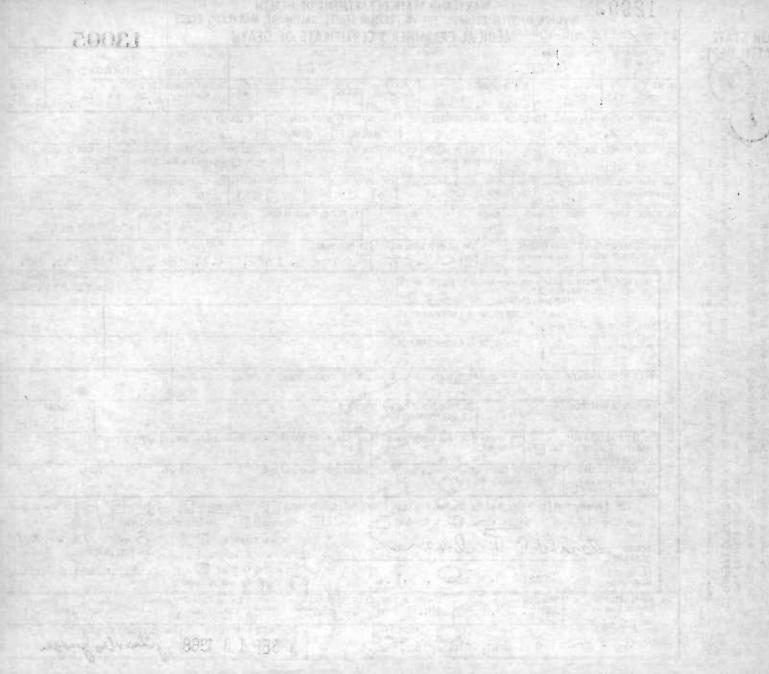


+ 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	12992 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13004
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOW	VN Month Doy Yeor 2b-HOUR
~ 345 €	Helen Terber To DEATH MATE	. 1 4 - 7 68 1-1
delay Manual Then	3. SEX — 4. RACE S. DATE OF BIRTH 6. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONO Month 9	OUNCED DEAD Yeor 18 2d. HOUR
any 2, Pi Pi	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	3 17 7
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after death any delay 3. Give Pages 1, 2, and 3 along with farm PM3. Fe with the State Department eath.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, ev Sales Lady	of work done libb. KIND OF BUSINESS OR INDUSTRY Hoschild Kohn
after 8. Giv along along with with	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 13b. COUNTY Balto. 13d. INSIDE CITY LIMITS? 13e. STREET AND 2834	NUMBER KALLAN Ballo!
haurs Item 1 Office I and 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First	Middle Lost
	George M. Herbert Rhoda A.	2
	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT	DDRESS
within pencil xamine ile pag	(Yes, no, or unknown) no (If yes give war or dates of service) 215-03-9148 Doris Willard, Neice, 26	02 Whitt Road 21087
Pi di pi di	18. CAUSE OF DEATH (Enter only one couse pas line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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its certific te, writin farwards ie used as remaval,	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Polyment)	20. AUTOPSY?
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	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 ZIE LOCATION Street or R.F.D. No. (ity or Town)	11 1 01 1 011 2, 11010 10.)
	210. TEAC OF INDICE (AF HOME, 10th), SHOUL,	n County Stote
XAN te tl yaur yaur crer	WHILE NOT WHILE OCTORY, office building, etc.)	
ICAL EXA secute tar. Page ed far yau CTOR: Page burial, cre	22a. I certify that I toak charge af the remains described abave, held an Autapsy, Inspection <	Inquiry , and in my opinian
Se e stranger ned FCT ECT e bu	death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermin	ned manner 🗌
JIY DIC.	ACTUAL 9). ALL PROPERTY CHIEF MEDICAL EXAMINER [OOL DATE CLONED
JTY, leral be r Price	SIGNATURE	22b. DATE SIGNED
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S NAME (Type) GOTT A C Po (N EV 1) ADDRESS (Street, city, town, or county) F	BelATY NI.
TO L nec the 5 n 10 F	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity of	or Town) (County) (Stote)
		Md.
VR ATSME (SILV)	Schimunek Funeral Home	b. REGISTRAR'S SIGNATURE
10M REV. 1/69	3331 Brehms Lane 21213 DATSEP 5 1968	A Contraction of the Contraction



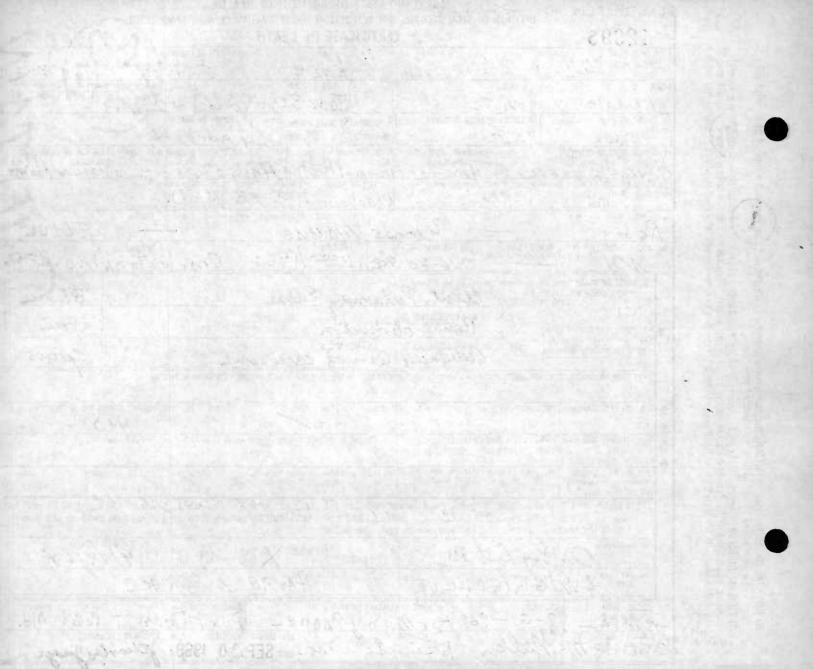
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FOR STATE HEALTH_DEPT.		ECEASED-NAME	First	MEDICAL EXAMINER.			Lost			0 0475	MANGALAN III	105				
MEALIN DEPT.		(Time on Dains)		NIE LEANORA			HOOKER			2a. DATE KNOWN Month OF ESTI- DEATH MATED unk			Day Year 2b. H			
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haurs Item 1 Office 1 and 2 offer of	14. F	ATHER'S NAME	First	Middl		Lost	15. MOTHER'S	MAIDEN NAME	First		Midd		Los			
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necessary, please extremely please extremely director. S may be retained for EUNERAL DIRECTOR. Health priar to but		NAME (Type) Gerald C. Palmer, I.D. ADDRESS(Street, city, town, or county)														
TO DEPU necessor the fune 5 may b TO FUNER Health	23 a	BURIAL, CREMA REMOVAL (Spec	TION, 23b.	DATE ot. 13,1	23c. 1	NAME OF CEMETER	Y OR CREMATOR	Υ			(City or Town			tate)		
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MARYLAND STATE DEPARTMENT OF HEALTH



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1 7	299% DIVISION OF V	VITAL RECORDS, 301 W. PRE	STON STREET, BALTIMOR TE OF DEATH	E, MARYLAND 21201	13006
1 DECEASE	SED-NAME 4 / First a 2	Middle		DATE OF DEATH	2b. HOUR
death (Type	or print) William	1 R. Re-	nleu	Month Doy	8 48 10 P
Saffa (Type	Male 1. RACE	egro. s.	2-22 180	6. AGE (In years last birthday)	MONTHS DAYS HOURS MIN.
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166 Har	OR TOWN OF DEATH 7 11. NAM OR TOWN OF DEATH 7 11. NAM Give to	ME OF HOSPITAL OR INSTITUTION (If not in reet address)	/// b / during most of	UPATION (Kind of work done warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
130. USU	JAL RESIDENCE (Where deceased lived, if institution) STATE Ma 13b. COUNTY	on: Residence before Msc. CITY OR TO		13e. STREET AND NUMBER	
14. FATHI	IER'S NAME Rirst Middle	Kendey Is. N	MOTHER'S MAIDEN NAME First	Middle	HUPKINS
	S DECEASED EVER IN U.S. ARMED FORCES? go, or unknown) (If yes give wor or dates of service)	166. SOCIAL SECURITY NO 12. INFO 217-36-4810 M	ormani.	en Baltin	3Cumperlant &
DE LIB.	CAUSE OF DEATH (Enter anly one cause per line PART I. DEATH WAS CAUSED BY:	e far (a), (b), and (c).)	VA-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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WEDICAL GR	D. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH either, notify medical exominer) 21b. TIME OF HOUR A.M. P.M.	INJURY 21c. HOW Month Doy Yeor 19	INJURY OCCURRED (Enter nature	e af injury in Part 1 or Part 2,	Item 18.)
21c Wh		AT HOME, FARM, STREET, FACTORY,) 21f. LOCA OFFICE BUILDING, ETC.	TION Street or R.F.D. No.	City or Town	County State
220	Pa. I certify that (I) (this haspital) attentions aw the deceased alive on couses stated above, (I) (we) (did) (in the couses stated above, (I) (we) (in the couses stated a	nded the deceased fram 9	hat in (my) (our) opinian oth.	ta <u>9-28</u> , 19 death occurred an the do	//////////////////////////////////////
22b	b. SIGNATURE	MILEY DEGREE	ATTENDING - MED	C STAFF	DATE SIGNED
ad with the period of the peri	d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
23g BUI	IRIAL, CREMATION, 23b. DATE 10 - 4 68	23c. NAME OF CEMETERY OR CR	EMATORY 23d.	LOCATION (City or Town)	(County) (State) Harford Md.
10 (4)	NERAL DIRECTOR	ADDRESS 536 de	AT 2Sa. REC'D BY REGI	STRAR 256. REGISTRAR'S	SIGNATURE
1/68	sha & Bullock, Ho	eve de Grace n	Le SATOCT 4	1968 gclian	and Judge

1	It	em 18 Film 40	4 9-25-68 AMARTLAN	ND STATE DEPARTMENT C . 301 W. PRESTON STREET. B	SALTIMORE, MARYLAND 21201	
		12995		CERTIFICATE OF DEAT		13007
er death. funerol 1 ond 2 ier deoth.	1. D	CEASED-NAME First	Middle Middle	Ku/e	2a. DATE OF DEATH Month Doy	Year 859 A M
ours after death	3. SI	Female	4. RACE	5. DATE OF BIRTH	1926 6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
- d		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH HARFOR	Md.
be executed within 24 hours after death completely filed it by the funeral in any event, within 72 frours after death	10. c	AURECE ORAL	W. S. Tritte	NSTITUTION (If not in hospital 120.	USUAL OCCUPATION (Kind of work dane na mast af warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
executed with completely remove corbon on any event, with	130. adm		red lived, if institution: Residence before 13b. COUNTY		CITY LIMITS? 13e. STREET AND NUMBER	10 3074 1401110
be executed in any in any	14.	ATHER'S NAME First	Middle Last	1s. MOTHER'S MAIDEN NA	ME First Middle	FLLEr
		WAS DECEASED EVER IN U.S. ARI es, no or unknown) (If yes give v			e Charlestou	umd, R.F.D.
TO HOSPITAL OR AFTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon paper is should be state Dept. of Health priar to buriol, cremotion, or removal, and in any event, within 72 permit.		PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), and (c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BLOWES
ot the c the att nsit per motion		Conditions, if any, which gave rise to immediate cause (a).	(b)	Certicetion		years
equires that the physician. signed by the buriol-transit buriol, cremot		stating the <u>underlying cause</u> lost.	DUE TO, OR AS A CONSEQUENCE OF	Cerrical cara		years
v required physical p	N	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE	E ORCONDITION GIVEN IN PART 1(a)	
The law rottending hos been se as the th priar to	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
ICIAN: bital or tificate d for u	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CAUSE OF DEA' (If either, notify medical exami	H HOUR A.M. Manth Day Yea	21c. HOW INJURY OCCURRED	(Enter noture of injury in Part 1 or Port 2,	Item 1B.)
PHYSI he hosp this cer letached	ME		PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.		D. No. City or Town	County State
Poge 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to		22a. I certify that (I) (the	is haspital) attended the deceasilive an SPT 18 e, (1) (we) (did) (did not) view the	sed fram SCPT 17, 1968, and that in (my) (aur body after death.	19 <u>68</u> , ta <u>SCPT 18,</u> 19) apinian death accurred an the do	68, that (1) (we) last the and haur and fram the
OR AT be retail be retailed with		22b. SIGNATURE	Ingelist MD	DEGREE ATTENDING PHYS.	MED. STAFF PHYS. PHYS.	DATE SIGNED
SPITAL 4 moy VERAL For, pag Id be fil		22d. PHYSICIAN'S NAME (Type)	FRIGOLEIT	22e. ADDRESS	RE de GRACE	/
TO HO Poge direct	230	REMOVAL (Specify) 9	-21-1968 Harn		Port Depasi	Cecil Md.
VR A 5 (8) 30M REV 11-68	24	EUNERAL DIRECTOR	Julian Risin		SEP 2 0 1968 REGISTRAR'S	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN CERTIFICATE OF DEATH 12996 24 haurs after death (uneral and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY o. STATE Marford mrvland Harford MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn) Rural.Pvlesville ural, Pylesvi Life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM YES NO within Middle 4. DATE 3. NAME OF First Lost Month Doy Year campletely DECEASED 19 68 LOWE Sent. DEATH (Type or print) IF LINDER 1 YEAR IF UNDER 24 HRS. S SEX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED remave Jost birthdoy) Months Dovs Hours 2/17/1898 Male Mite DIVORCED and in any WIDOWED and 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? harford Co., Md. Farm 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME 8. Franklin Lowe Lousetta Jentins 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. 5-36-818 . . Lowe, Pylesville, Paryland INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (p), and (c). ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO D 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work pyta 27 ewa 21. I certify that (I) (this haspital) attended the deceased from ________, 19 ta _______, 19 w, that (I) (we) last saw the deceased glive on _______, 27 w 19 w and that death occurred at ______, M, fram causes and an the date stated above. ____, 19_ Got that (I) (we) last saw The deceased olive on_ 220. SIGNATURE DATE SIGNED 22b. ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN Stewartstown, Penna. 17363 NAME (Type) Reginald D. Gennill 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) ew Park, York Co., renna. Centre Cemetery 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ADDRESS VR A15 (4) DATSEP Stewartstown, P 20 M 1/66

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13009 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. First Middle Last 2g. DATE KNOWN Month 2b HOUR 1. DECEASED-NAME Year OF ESTI-DEATH MATERIES Sept. (Type or Print) JOHN LEROY 1968 3 40 MANOS 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 2d. HOUR. 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 3. SEX pup Year Jan. 24. 1928 White Male 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 7a. BIRTHPLACE (State or foreign TISA WIDOWED | DIVORCED [Harford Maryland 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY give street address) Edgewood Chemical & Biol. Engr US-Govt should be forwarded to the Chief Medical Examiner's Office Olong 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ond 2 with Md. 13b. COUNTY admission) STATE 2318 Perry Md. Harford YES NO Ave. . Edgewood Edgewood in Item 1 ofter 15. MOTHER'S MAIDEN NAME Middle Middle First 14 FATHER'S NAME First Gust Manos Lydia H. Moore hours ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil (Yes, no, or unknown) 217-22-7378 Annie L. Manos, 2318 Perry Ave., Edgewood WII-Korean File event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Ruptured Larynx DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditions, if any, which gave rise to immediate cause (a). This certificate should writing the word any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) buriol, cremotion, or removal, 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? 19g. DATE OF OPERATION WAS PERFORMED? YES 🗍 NO pe 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a, EXTERNAL CAUSE WAS 21b, TIME OF INJURY Manth, Day, Year 3 should b PRIMARY TO OR CONTRIBUTING HOUR A.M. Motorcycle accident P.M. Sept. 2 1958 CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. City or Town County State 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.)
Field near Hagewood HS FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK Harford Edgewood 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection Date Inquiry Do ond in my opinion the funerol director. Noturol couses . Accident Accident Suicide Homicide [Undetermined monner deoth resulted from: CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Sept. 3. DEPUTY MEDICAL EXAMINER 5 moy loo Fune Health **EXAMINER'S** Gerald C. Palmer, M.D. ADDRESS(Street, city, tawn, or county) NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Baltimore Md. REMOVAL (Specify) Baltimore Nation 250 REED BYLREGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1968 VR A15ME (5) Howard K. McComas & Son. Abingdon, Md 10M REV. 1/68

	MAKYLAND STATE DEPARTMENT OF HEALTH	
FOD CTATE	12398 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	040
FOR STATE	Item#2a, FilmGLIMEDICAL/EXAMINER'S CERTIFICATE OF DEATH 13	010
HEALTH DEPT.	(Ivos ar Print)	Day Year 2b. HOUR
Pa 30 is	DEATH MATED NOT	Known9
13 ng g	SEX 4. RACE S. DATE OF BIRTH GOVERNMENT OF WORK OF WIN. MONTHS DAYS HOURS MIN. MonthS AGE (In years list under 24 HRS) AGE (In years	Year 1968 PN
E 7	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form	USA WIDOWED DIVORCED HATFOTA	M
after death along with farm with the State Be eath.		2b. KIND OF BUSINESS OR NDUSTRY
C/e × diad	1. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Pa 18b. COUNTY 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 14 PR 6.5 PA	11 Rozd
	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle LESTER V. MARTIN ROSE	Last
within 24 encil in xaminer's ile pages 72 hours	I. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (It yes give war or dates of service) 257-42-0993 KATHRYN MART, M. Phoe	uxville, Pe
> X III	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
should be executed the word "pending" in the Chief Medical burial-transit permit. Fire any event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPALXIA dry TO YTO WAING	prince disc and senior
d be exe d "penkli Chief Me fransit pe	830, 9 DUE TO, OR AS A CONSEQUENCE OF	
be e ''pen hief A hief A even	Canditians, if arfy, which gave is the first transfer of the course (a), (b)	
shauld be ward to the Ch burial-tra	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sha e w th th in in	last. (c)	
ate g th	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certific te, writing farwards as used as remayal,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This crate, v be far lbe us	WAS PERFORMED?	YES NO
The liftica of the liftica of the lifting of the li	21a. EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item CAUSE OF DEATH 21b. TIME OF INJURY Manth, Day, Year PRIMARY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item CAUSE OF DEATH 22a. EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item CAUSE OF DEATH	18.)
of 3 file N	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street,* WHILE NAT WORK AT WORK AT WORK AT WORK AT WORK BAY AT WORK AT WORK BAY AT WORK	County State
L EXA ecute Page for you R: Pag ial, cre	22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection I, Inquiry I,	and in my opinion
ICAL IS EXECT TOTAL PC Ed for CTOR: burial	death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	7
please please I director retained L DIREC	9) OLIA CO CHIEF MEDICAL EXAMINER 139/A	()- M.J.
ITY DIC.	SIGNATURE SIGNATURE AND ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE	GNED
necessary, please execute the funeral director. Page 4 5 may be retained for yage 10 FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S G-erald CPalmer M7 DEPUTY MEDICAL EXAMINER A 9-3 NAME (Type) G-erald CPalmer M7 ADDRESS(Street, city, tawn, ar county)	24-68
the the Hee	BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY TOWN 23d. LOCATION (City or Town) (C	Caunty) (State)
	TUNESCAL DIRECTOR / ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	ENATURE
VR A15ME (5) 10M REV. 1/68	Sennington ton Have de Drace DATESEP 2 7 1968 Johnson	es judge.

MARYLAND STATE DEPARTMENT OF HEALTH 12999 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 130 20. DATE OF DEATH DECEASED-NAME First Middle Lost Yeor 19 (Type or print) Month / Doy 4. RACE lost buthdow 5 IF UNDER 1 YEAR after YRS. requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEAT 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED filled in DIVORCED A WIDOWED [OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Morse Road 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c_CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Electric burial, cremation, ar removal, and in day event 13b. COUNTY Paral Road Morse 4-EATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle First 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) WAS DECEASED EVER IN U.S. moral 8-14-8938 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the hospital or ottending os the director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? hos CAUSES OF DEATH? YES T NO P this certificote 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County OFFICE BUILDING, ETC. While Not while of work of work O FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) ottended the deceased from 2/1/1, 1962, ta 20/1, 1968, that (I) (we) last saw the saw of the anti-control causes stated abave, (I) (we) (di (did) (did not) view the bady ofter death. 22b. SIGNATURE ATTENDING DIRECTOR 22e_ADDRESS PHYSICIAN NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230. BURIAL, CREMATION, 23b. DATE (County) REMOVAL (Specify) /19/1968 wn Harford
25b. REGISTRAR'S SIGNATURE William Watters Cooptown ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Jarrettsville, Md. DATE SEP 18 1968 Charles E. Kurtz 30M REV. 1768 21084

Frances Mura and The 17 18 113 113 m letter mark 8 1913 CE 6 9 TYTY GA 21.5H . Harbord homes morace morace Murray No --- Protes - Mother - Mr. aimous more Eventury Framerous 186. Corvary antery decrees. Saprille 1 10:00 but is get to the Saprill FR Williams PHUDSON BUTTON THE PHUT HELL MI The contract of the second and the state of t

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13012 CERTIFICATE OF DEATH Middle 1 DECEASED-NAME Last 2a. DATE OF DEATH 2b. HOUR First ond 2 deoth. Pools 1 and (Type or print) Month ole MACE lens 3. SFX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) DAYS MONTHS 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) buriol-transit permit. Then please remove carbon papers. buriol, cremation, or removal, ond in any event, within 72th WIDOWED [DIVORCED [executed within 24, completely filled 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY NO YES 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Last JEN 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, of unknown) (If yes give war or dates of service) physi 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH requires that the death PART I. DEATH WAS CAUSED BY: oronan IMMEDIATE CAUSE (a) DUE TO, OR AS/A CONSEQUENCE OF Canditions, if any, which gave) signed by the buriof-transit p rise to immediate cause (a), OUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physicion. stating the underlying cause PART-2 OTHER SIGNIFICANT LONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 prior to b hos been os the 19a! DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ed for use af Health p YES T NO X FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING LAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) P.M director, page 3 should be detoche should be filed with the State Dept. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark 220. I certify that (I) (this hospital) ottended the deceased from A kand that in (my) (aur) apinion death occurred an the date and have and from the saw the deceased alive on_ causes stoted above, (1) (we) (did) (did nat) view the Gody offer death. 22b. SIGNATURE 22c. DATE, SIGNED ATTENDING LOCUDEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS, NAME (Type) 23d. LOCATION (Corpor down) NAME OF CEMETERY OR CREMATORY 23a. BURDAL, CREMATION, 23b. (County (State) REMOVAL (Specify) 25a. RECO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR ATS 1968 30M REV.

1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13013
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month D	
ay is 3 to Page		6,1968 N
y delay and 3 M2 Pagent	3. SEX Male 4. RACE 5. DATE OF BIRTH 6. AGE (In yours lif under 1 YEAR IF UNDER 24 HRS. logs big mixer) 6. AGE (In yours logs big mixer) 7. AGE (In yours logs big mixer) 8. AGE (In yours logs big mixer) 9. AGE (In yours logs big mixer)	Yeor 19 2d. HOUR
form Free Devo	70. BIRTHPLACE (Stote or foreign country) Maryland 75. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED Harford	M
hours after death Item 18. Give Pages 1, Office along with form I and 2 with the State De	Havre de Grace giventreet address Memorial Hospital during morainte de even if retired.)	b. KIND OF BUSING OR BUSING OF BUSING OR
hours after death tem 18. Give Pag Office along with cond 2 with the Sta offer death.	130. USUAL RESIDENCE (Where deceosed liyed, if institution: Residence before odmission) STATE Md. 13b. COUNTY (ecil Perryville YES NO Otsego Street	
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle John 7. Patterson Mary	Thompson
E B B	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, Was unknown) (11 yes age was ard data of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Was. Emma B. Patterson, Otsego St	Perryville
xecuted iding" in Medical E permit. F	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s certificate shauld be exe, writing the ward "pend farwarded ta the Chief M t used as a burial-transit p emoval, and in any event	rise to immediate couse (o), stating the underlying couse last. (c)	
is certificate farwarded to farwarded to e used as a b removal, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
nis ceri nte, wr e farwi be used remov	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF NJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Hem	20. AUTOPSY? YES NO
# - P 0	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 19 21d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item CAUSE OF DEATH 21b. LOCATION Street or R.F.D. No. 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 42c. How Injury occurred (Enter noture of injury in Part 1 or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1) or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1) or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1) or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1) or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1) or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1) or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1) or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1) or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1) or Port 2, Item 21d. INJURY OCCURRED (Enter noture of injury in Part 1) or	18.)
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town factory, office building, etc.)	County Stote
bical Examiner: se execute the cert star. Page 4 shault ned for your files. ECTOR: Page 3 shau	22a. I certify that I took charge of the remains described obove, held an Autapsy , Inspection Inquiry death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my apinion
plea plea retai retai	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SI SIGNATURE CHIEF MEDICAL EXAMINER DATE SI EYA MINEP'S CONTROL	ENED AND
o DEPUT necessory, the funers 5 may be 0 FUNERA Health p	NAME (Type) Cerol (Manual County) 9-	Ounty) (Stote)
	REMOVAL (Specty) Sept. 9, 1968 St. Mark's Cemetery Perryille (ed.	ounty) (Store)
VR A15ME S	Lee A. Patterson & Sin, Perryville, Md. DATE	o Judge

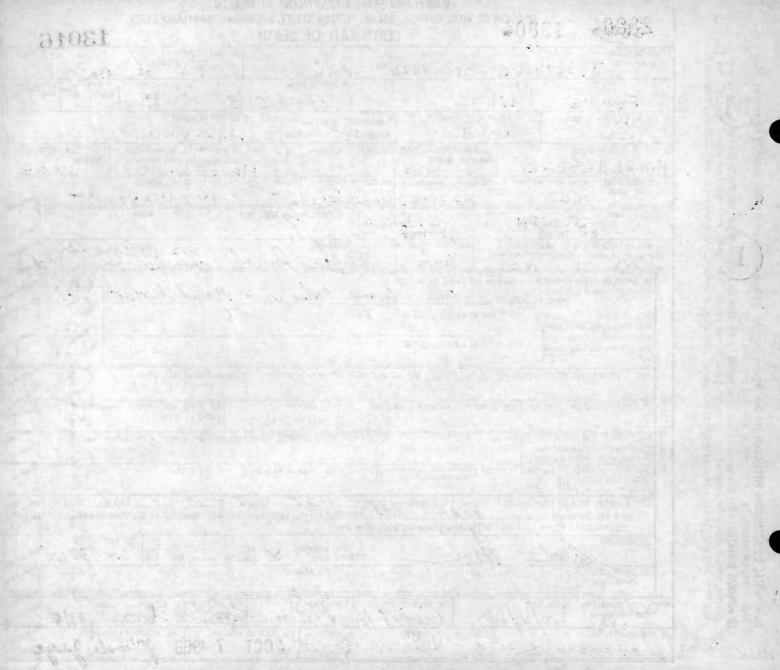
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11	-	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	4	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3014
HEALTH DEPT.		DECEASED-NAME A First Middle Last D 2a. DATE KNOWN Manth D	Doy Yeor 2b. HOUR
oy is 3 to Page Page		DEATH MATED X Y-	2/ 19 ³³ M
any deloy 2, and 3 PM3. Pa	3. S	5. LATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. 2d. DATE PRONOUNCED DEAD Month Day Day 21	Year 19 8 3M
any 2, 2, Pr		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	P
Soges 1		Miry) Wirginea U.S. A WIDOWED DIVORCED Harford	Md
hours ofter death Office olong with form Lond 2 with the State De ofter deoth.	10. O	To the de Grace give street address - for A Menor a Juring toost of working life, even if retired.)	2b. KIND OF BUSINESS OR NDUSTRY
s ofter 18. Given 18. Given 18. Given 19. With deoth.		. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR LOWN AND STATE 13d. STREET AND NUMBER 13d. STREET AND NUMBER 13d. STATE 13d. STREET AND STATE 13d. STREET STATE 1	PI
hours Item 1 Office I ond 2 ofter d	14. [FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
4 5.0/ 28	160	Yamuel The Spark Sr. Emma Washingle WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS / OF	Mus av
s certificate should be executed within 24 hours o e, writing the word "pending" in pencil in Item 18. forwarded to the Chief Medical Examiner's Office of the used as a burial-transit permit. He pages and 2 we emavol, and in any event within 25 boars ofter decondered.		Yes, no, or unknown) (If yes give wer or dates of service) mr. Luise Oinkard Montal	is new fersey
ed v		18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in iief Medicol E insit permit. F event within		IMMEDIATE CAUSE (a)	
pen		Conditions, if any, which gave (b)	
should be existence when the chief Me of the Chief Me buriol-transit print in any event		rise to immediate cause (a), (b) stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho o sh burid		last. (t)	
This certificate should icote, writing the word be forwarded to the Ct be used as a buriol-tractor remayol, and in any	P	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certific te, writin forward oe used a remavol,	ATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	CERTIFICATION	WAS PERFORMED?	YES NO NO
# To ==	MEDICAL CE	210. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING CAUSE OF DEATH 21b. TIME OF INJURY Manth, Doy, Year HOUR A.M. 9-2/168 Auto Accident Auto Accident	1 B.)
She in the G	WE	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) TEXTWORK 21f. LOCATION Street or R.F.D. No. TEXTWORK TEXTURE 21f. LOCATION Street or R.F.D. No. TEXTURE TEXTURE TO TOWN TO THE PROPERTY OF	Heart Ma
ICAL EXA tor. Page ed for you CTOR: Page buriol, cre		22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry	ond in my opinion
se exe ector. F ector. F ector fo red fo ECTOR		death resulted fram: Natural causes 🗌 , Accident 🗶 Suicide 🔲 , Hamicide 🔲 , Undetermined manner],
D DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page Health prior to buriol, crem		ACTUAL CHIEF MEDICAL EXAMINER DE 226. DATE SI	GNED 1 1
ury, nerol be be pri		SIGNATURE EXAMINER'S DEPUTY MEDICAL EXAMINER 220. DATE ST DEPUTY MEDICAL EXAMINER 270. DATE ST 270. DATE S	2-68
necessary, the funero 5 may be 70 FUNERA Heolth pr		NAME (Type) O O) 7 / O O O O O O O O O O O O O O O O O O	
0 = + 2 O H	230	BEMOVAL (Specify)	County) (State)
	24.	FUNERAL DIRECTOR ADDRESS ALL DIRECTOR PSO. REC'D BY REGISTRAR 1256. REGISTRAR'S SIG	
VR A15ME (5)	12	Elinev EBullock Havre de State, Med DATE SEP 2 4 1968 Acho	reas Indee

6 46 16.1 Control of the Contro The second secon

5		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		13003 CERTIFICATE OF DEATH 13015
s after death. the funeral ages 1 and 2 rs after death.		Inst histhogy Hours Days Hours Mill
24 paurs ed a gers. Barn 172 haurs	COL	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED MARRIED 120. USUAL OCCUPATION (Kind of work done) 12b. KIND OF BUSINESS OR
xecuted within to a campletely fill mave carban property within	5 odr	USUAL RESIDENCE (Where deceased lived, il institution: Residence before 13.4. CUY OR JOWN 13d. MISIOE CITY UNITS? 13e. STREET AND NUMBER 18b. COUNTY YES NO 15.4. COUNTY 15.4.
sicion and please replease rep		FATHER'S NAME First Middle Lost IS. MOTHER'S MALDEN NAME First Middle Lost O. SER COURT CATHERINE OCHOECOURT O. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give bor or dolles of service) O. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give bor or dolles of service) O. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give bor or dolles of service)
that then. oy, the ansit		18. CAUSE OF DEATH (Enter only ane cause per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
: The law requires th ir attending physician. e has been signed by use as the burial-tra alth priar ta burial, cre	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) 420 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH?
IDING PHYSICIAN: The law rail by the haspital ar attending After this certificate has been is be detached far use as the state Dept. af Health priar ta	MEDICAL CERTI	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) P.M. 19 21d INITIARY OF CIRRED. 12e PLACE OF INITIARY AT HOME, FARM, STREET, FACTORY, 1 21f IOCATION. Street or R.E.D. No. City of Town. COUNTY. Stote
IDING I by th After the de		22a. I certify that (I) (this hospital) attended the deceased long 12.20 AM, 19.68, to 7/25 7P, 19.68, that (I) (we) lost saw the deceased alive on 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did (did not) view the bady after death.
TO HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		22b. SIGNATURE ATTENDING DEGREE ATTENDING DIRECTOR DIREC
DELIVER THE RESERVE	24	EBURIAL CREMATION, 23b. DATE 23c. MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV. 1/68	1	Lingto Can I force de Chay Myate SEP 30 1968 Charles Judge

		MA	RYLAND STATE DE	PARTMENT OF HEALT	H	105 22 L 2
		1300%	CERTIFICA	EPARTMENT OF HEALT STON STREET, BALTIMORI TE OF DEATH	, MAKTLAND 21201	13016
	1. DF	CEASED-NAME First Mic	ddle		DATE OF DEATH	2b. HOUR
		une or print)	FORD P	RICE	9 Month 30 Doy	1965 N
	3. SE	X 4. RACE		DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	70.5	FEMALE White	N2 19	3/11/1883	NTY OF DEATH	
	coun		o MARRIED ☐ WIDOWED ☑	NEYER MARKIED	ARFORD	Mo
0		ITY OR TOWN OF DEATH AVRELEGEACE 11. NAME OF HOSE give street oddres		during most of w	PATION (Kind of work done vorking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
0	_	USUAL RESIDENCE (Where deceosed lived, if institution: Residen	nce before 13c. CITY OR TO	1-100	SEWIFE 13e. STREET AND NUMBER	SAME
2	odmi	ssion) STATE 136 COUNTY	FERD HAURED	to Vera Town	142 61150	N 5T
1	14. F	ATHER'S NAME First SEPH Middle	ST PIVED IS. M	OTHER'S MAIDEN NAME First	Middle	Lost
	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL	L SECURITY NO. 17. INFO	DRMANT	Address 0	21
	Y	es. no. ar unknown) (If yes give war or dates of service)	Sk. Oly	Eles Amol	Harude to	hase Mel
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (l			/ / / /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	te lorong	Occurion - 1	yocardial mare)	7 48
		Conditions, if ony, which gove)	DUENCE OF			
		rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEC	OUENCE OF			
		lost. (c)	The same			
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)	
	NOL	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATI	ION WAS PERFORMED	2Do. AUTOPSY?	2Db. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
K	CERTIFICATION	The control which of the	ON WASTERN ONNES	YES NO NO	CAUSES OF DEATH?	
		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	21c. HOW	INJURY OCCURRED (Enter noture	of injury in Port 1 or Port 2, It	tem 1B.)
	MEDICAL	(If either, notify medical examiner) P.M.	Doy Yeor 19			
	×	While Not while OFFICE BUILDI	RM, STREET, FACTORY.) 21f. LOCAT	TION Street or R.F.D. No.	City or Town	County State
		22a. I certify that (1) (this haspital) attended the	e deceased fram	1-25,1960.	ta 9-30 196	, that (I) (we) las
		saw the deceased alive an 9-29 causes stated above, (I) (we) (did) (did nat).	1968, and t	hat in (my) (aur) apinian c	leath accurred an the dat	te and havr and fram th
		22b. SIGNATURE	view the body after dec		22c. D	DATE SIGNED
		leunt Arina	DEGREE	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	10-3-68
1		22d. PHYST(IAN'S NAME (Type)		22e. ADDRESS		BARBELLINE.
	230	BURIA), CREMATION, 23b. DATE , 23c.	NAME OF CEMETERY OF ER	EMAJORY 23¢	LOCATION (City or Toyn)	(County) (Stote)
		REMOVAL (Specify) 10/4/68 (ingel Itil	Icem. H	mide Dias	u, md
0	24.	FUNERAL DIRECTOR	ADDRISS (2So. REC'D BY REGIS	Tran 25b. REGISTRAR'S !	SIGNATURE Quelos
Ì	1	VUVVVVX UPN / KM	product se	CITCUITE OU	1040	



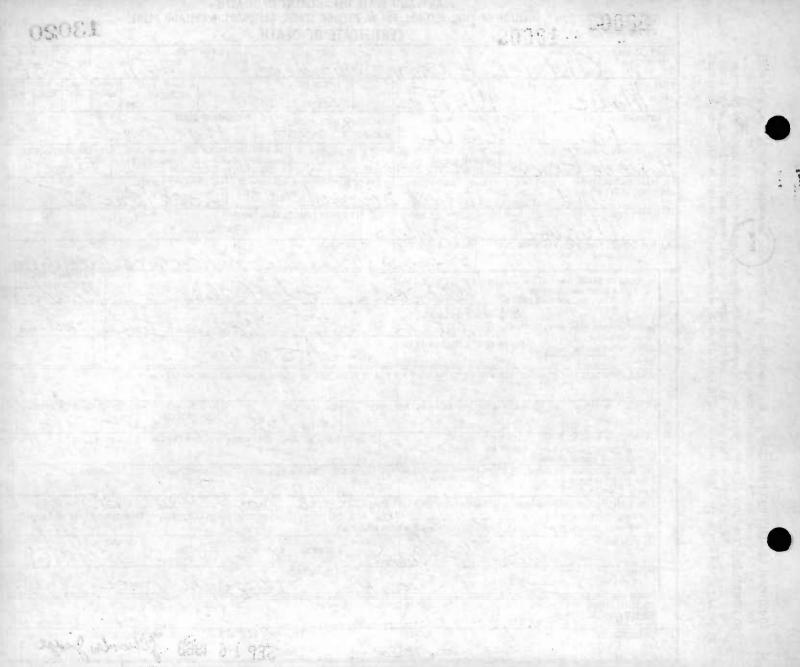
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13005 CERTIFICATE OF DEATH Middle Lost 2a. DATE OF DEATH DECEASED-NAME after deoth (Type or print) Manth PAVES 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR last birthday) OAYS MONTHS HOURS 9 June 1888 YRS 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) C WIDOWED T DIVORCED | Artoro event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) INDUSTRY during most of working life, even if retired.)
Housewife Havre de Grace Home carbon completely 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? ATTENDING PHYSICIAN: The low requires that the death certificate be executed odmission) STATE YES 🗔 NOX rdeen signed by the ottending physician and ca burial-tronsit permit. Then please rema burial, cremation, ar removal, and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Lost Last Robert (D Crouse Whitaker D Sara 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) (If yes give war or dates of service) 220-50-2481 Walter L. Reeves. Darlington. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use os the b Health prior to b hos been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year director, page 3 should be detoched 1 should be filed with the Stote Dept. af P.M (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 220. I certify that (I) (this haspital) attended the deceosed from Sept 19, 1968, ta Sept 14, 1968, that (I) (we) last saw the deceased alive an Sept 14, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did nat) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** PHYS. DIRECTOR PHYS. 22d PHYSICIAN'S 22e. ADDRESS NAME Type NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) Franklin Baptist Cemetery Sept Darlington. 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15 (4) Ocharles 1968 30M REV. 1/68 Tarring Funeral Home, Aberdeen, Md. 21001

		CEASED-NAME Prist ype or print)		iddle	Last	2a. DATE OF	DEATH Manth 23 Da	Y Year	2b. HOU
	3. SE	Χ	4. RACE White	5	RIGBY . DATE OF BIRTH	Sept.	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF	UNDER 24 H
	70 F	Female BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTY		ug. 10, 188	9. COUNTY OF	88 YRS.	MONTHS DATS IN	JUK\$ M
*	coun	ity) Md.	USA	WIDOWED		Harfo	rd		
00	I	ITY OR TOWN OF DEATH Idgewood	give street addre	ZIUL Trimo.	during	JAL OCCUPATION nost of working I	(Kind of wark dane ife, even if retired.)	12b. KIND OF BUS INDUSTRY Dank	INESS OR
30	13a. admi	USUAL RESIDENCE (Where deceasesian) STATE	sed lived, if institution: Reside	nce before 13c. CITY OR T		LIMITS? 13e. STR 10 ☐ 332	South Pa	yson St.	
7	14. F	ATHER'S NAME First Robert	Middle Sc	Lost IS.	MOTHER'S MAIDEN NAME	First prothea	Middle		last ler
	16a. Y	WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (If yes give v			ORMANT ztricia M.	Dullis,	Address 1416 Moun	Joppa, Md tain Road	9
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		(b), and (c).)				APPROXIMATE	INTERVAL
7		IMMEDIA	D BY: ATE CAUSE (a) DUE TO, OR AS A CONSE	mas Cel			Face		
		Conditions, if any, which gave rise to immediate cause (a),	(b)	POENCE OF 2 M	etostis	es			
		stoting the underlying couse	DUE TO, OR AS A CONSE	QUENCE OF					
		PART 2. OTHER SIGNIFICANT CON	(c)	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE OF	CONDITION GIVEN	IN PART 1(a)		
2	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a. AUTOPSY? YES NO NO	CALIEFE	YES, WERE FINDINGS (OF DEATH?	CONSIDERED IN CERTI	FYING
		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT		Doy Yeor	/ INJURY OCCURRED (Ent	~	y in Part 1 or Part 2,	Item 18.)	
	1 3	(If either, notify medical examination	ner) P.M.	19				County	State
	MEDICAL	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FA	RM, STREET, FACTORY,) 21f. LOC.	ATION Street or R.F.D. N	a. City	or Town	County	
		21d. INJURY OCCURRED While Not while of wark 22a. certify that (1) (th	PLACE OF INJURY (AT HOME, FA	e deceased from	/ - / 19	7. ta 9	- 2.3 . 19	1/2 (// that (I)	(we)
		21d. INJURY OCCURRED While Not while 1 21e. 22a. I certify that (I) (the saw the deceased a	PLACE OF INJURY (AT HOME, FA	e deceased from	/ —) , 19_ that in (mv) (our) a	7. ta 9	- 2.3 . 19	1/2 (// that (I)) (we) d fram
		21d. INJURY OCCURRED While Not while 1 21e. 22a. I certify that (I) (the saw the deceased a	PLACE OF INJURY (AT HOME, FA	e deceased from	that in (my) (our) apath.	7, ta 9 inion death o		ate and havr an	d fram
		21d. INJURY OCCURRED While Not while 21e. 22a. I certify that (I) (the saw the deceased a causes stated abave	PLACE OF INJURY (AT HOME, FA OFFICE BUILD is hospital) attended th live an 7 3 e, (I) (we) (did) (did nat)	e deceased from 1965, and view the bady after de	that in (my) (our) al ath. ATTENDING PHYS. 22e. ADDRESS	inion death o	ccurred an the d	that (I)	d fram
1		21d. INJURY OCCURRED While Not while at wark of wark 22a. I certify that (I) (the saw the deceased a causes stated abave) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) BURIAL REMATION, PERMOVAL (Specific) 21e. 2	PLACE OF INJURY (AT HOME, FA OFFICE BUILD is hospital) attended the live an 7-3 e., (I) (we) (did) (did nat) Colonial Colonial Colonial Agriculture (AT HOME, FA	e deceased from 1965, and view the bady after de	that in (my) (our) al ath. ATTENDING PHYS. 22e. ADDRESS Bel Air,	7, ta 4 inion death o	ccurred an the d	DATE SIGNED pt. 23, 1	d fram

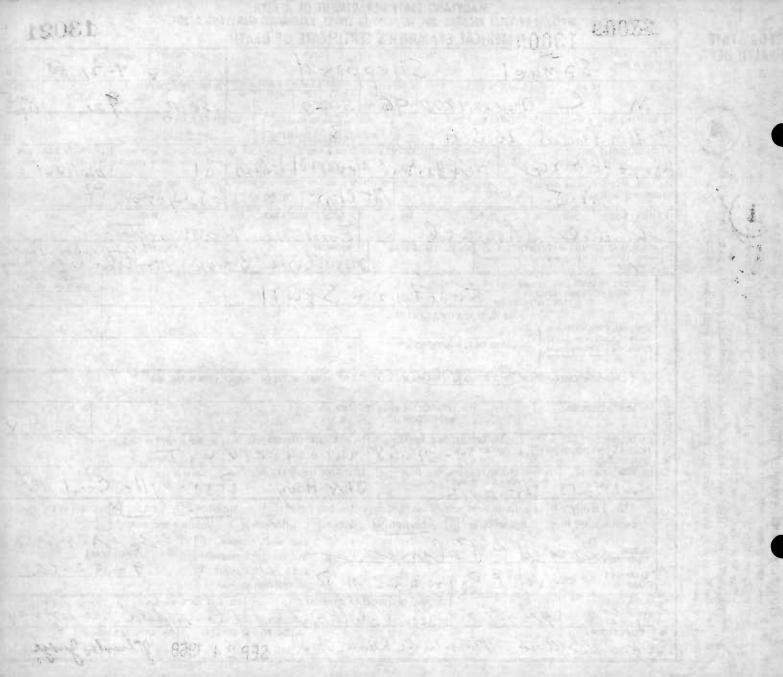
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH DECEASED-NAME completely filled in by the funeral nove carbon papers. Pages 1 and 2 in event, within 75 pages after death. (Type or print) STe executed within 24 haurs after death INe. 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINGER 1 YEAR IF UNOFR 24 HRS. last birthgay) OAYS MONTHS YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED 1 DIVORCED 12o. USUAL OCCUPATION TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital (Kind of work done 12b. KIND OF BUSINESS OR street address during most of working life, even if retired.) INDUSTRY and in any event, with 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 30. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle First Last Lost pup pe WILLIAM E fease 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no. os unknawn) CLAVDE GIRARD UNK ROBINETT 50 or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND OFAT PART I. DEATH WAS CAUSED BY requires that the death permit. IMMEDIATE CAUSE burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave burial-transit rise to immediate couse (a). signed by Iseaso >5 DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying cause, PART-2. OTHER SIGNIFICANT € ONDITIONS CONTRIBUTING TO DEATH , BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) as the has been priar ta 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO X YES [use be detached far use State Dept. af Health O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year P.M (If either, notity medical exominer) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. City or Town County State OFFICE BUILDING, ETC While Not while at work TENDING 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive on 1968, and that in (my) (aur) opinion death occurred an the date and hour and from the couses stated above, (1) (we) (did) (did nat) view the bady after death. saw the deceased alive on_ director, page 3 shauld should be filed with the 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (State) 23a. BURIAL, CREMATIO REMOVAL (Specify) MEMORIA MRFORD BY REGISTRAR FUNDRAL DIRECTOR VR A15 140-1968

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- 1		MAKILAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	13020
		13008 CERTIFICATE OF DEATH	100%0
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6	0. () H	Y OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 121. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY railroad
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		tating the underlying couse DUE 10, OR AS A CONSEQUENCE OF Section 10, OR AS A CONSEQU	?
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		10. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, In	rem 18.)
	MEDICAL	or contributing Cause of DEATH HOUR A.M. Month Buy Year If either, notify medical examiner) P.M. 19	
		21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Not while	County Stote
	- 1	TWORK OF WORK	60 that (1) (wa) 1-4
		220. I certify that (I) (this hospital) attended the deceased from 3, 1965, to 4//, 1995, sow the deceased olive on 1968, and that in (my) (our) opinion death occurred on the do	thot (I) (we) lost te ond hour ond from the
		couses stoted above, (1) (we) (did) (did/not) view the body ofter deoth.	
		226. SIGNATURE ATTENDING MED. STAFF PHYS. 220. C	TATE SIGNED (1/60)
4	7	12d. PHYSICIAN'S NAME (Type) The state of th	1 1 1
		Laura C. Laura Sparre de gran	e, and.
3	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City 6 76wn) Abingdon Ha	(County) (Stote)
0	24.	UNERAL DIRECTOR ADDRESS 256. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE 150
		Howard K. McComas & Son. Abingdon Md DAIE SEP 1 6 1968 fclie	res judge

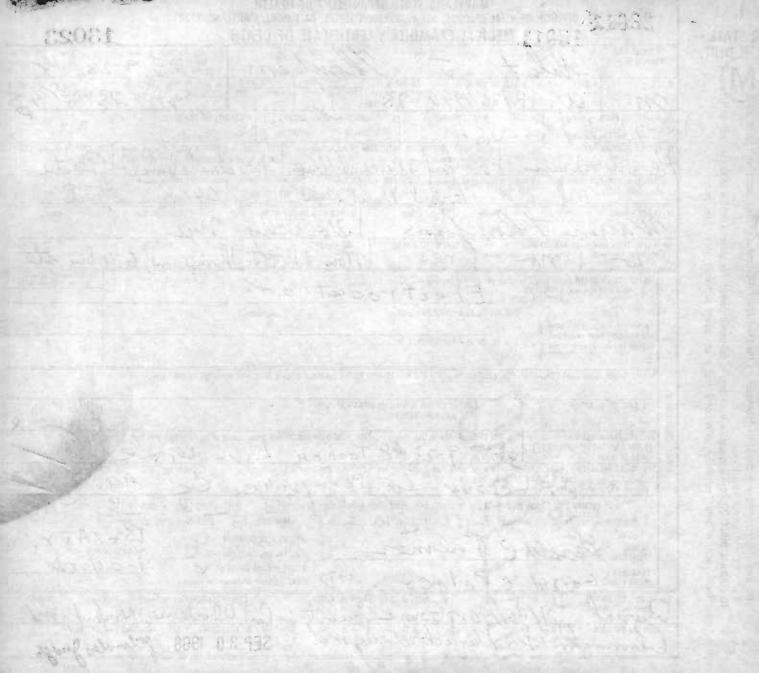


	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	13021
FOR STATE HEALTH DEPT.	13003 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost / 20 DATE KNOWN Month 12 DATE KNOWN MONTH MO	
	(Type or Print)	2/ 168 2b. HOUR
ay is 13 ta Page ent af	3 SEX A PACE S DATE OF RIPTH 6. AGE III WARS 4 IF UNDER 1 YEAR IF UNDER 24 HRS. 27. DATE PRONOLINGED DEAD	2d. HOUR
Iny delay 2, and 3 i PM3. Pag	Me May 22, 1872 96 YRS 3 29 HOURS MIN. Month Day 9	2 Year 19 805
	70. BIRTHPLACE (Stote or foreign 7b. CITIZES OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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2 2 2 2	Samuel Shippard Emma Washington)
d be executed within 24 d "pending" in pendil iny Chief Medical Examiner transit permit. File pages y event within 72 haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT	Recon State
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xect xect far far OR:	22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection,, Inquiry 🔼,	and in my apinian
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TY DIC.	ACTUAL DOCALL PRODUCTION CHIEF MEDICAL EXAMINER DE BOOKER	41)-11-
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ro DEPUTY DICA necessary, please ex the funeral director. 5 may be retained for FUNERAL DIRECTO	EXAMINER'S NAME (Type) EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	
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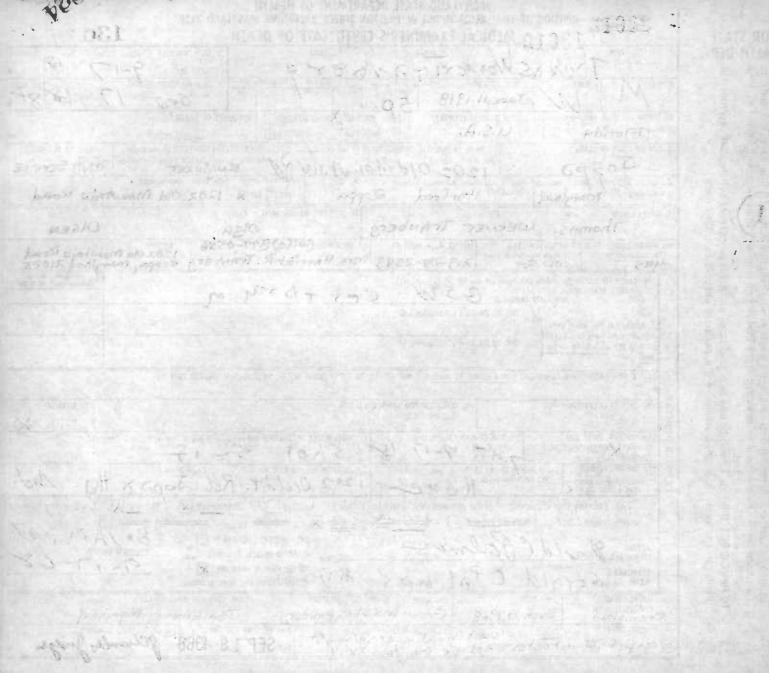


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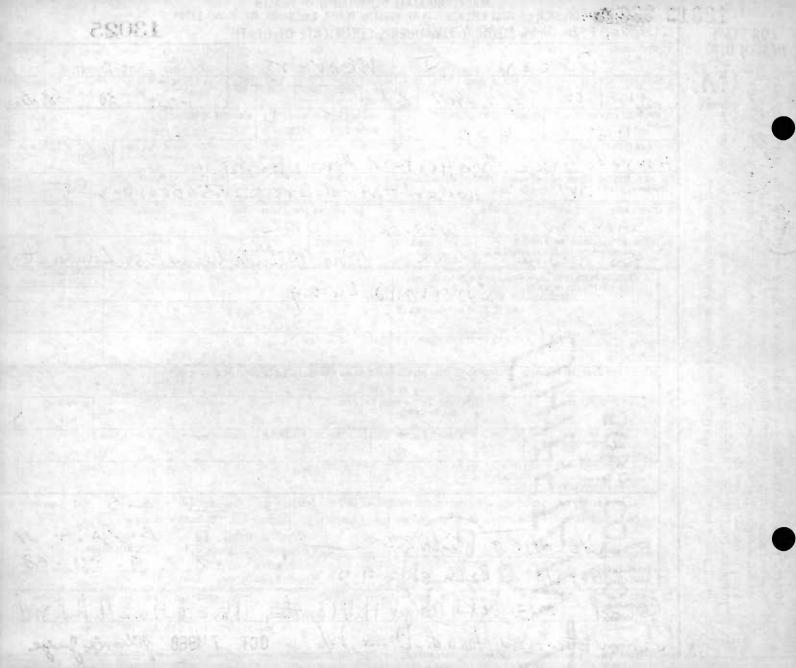
	MARYLAND STATE DEPARTMENT OF HEALTH	8 4
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 301 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2002
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Do	ay Year 2b. HOUR
± 2 R K 5	(Type or Print)	3 19 G M
P E E	3. SEX 4. RACE S DATE OF BIRTH, 6. AGE (In years IF UNDER LAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	Year 68 2d. HOUR
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O DEPUTY The funers of may be of FUNERA Health pr	EXAMINER'S NAME (Type) Gerald C Palmer MI ADDRESS(Street, city, town, or county)	
TO D nece the 5 m TO FL	230-BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C. STEWNOVAL (Specify) 9/26/1968 Grove realmatory Coloradery 1-form	land mo
00	24. FUNEBAL DIRECTOR () ADDRESS () 2SG. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIC	NATURE
VR A15ME (5) 10M REV. 1/68	Cerrington + Sin Have de Dracy Mg. DATE SEP 30 1968 Ichan	es Judge



a 1 ""		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	14
FOR STATE			30.24
HEALTH DEPT.		Tuno or Print)	Day Yeor 2b. HOUR
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any delay is 2, and 3 ta PM3. Page epartment af	3. 3	June 11,1918 St birthory Day MONTHS DAYS HOURS MIN. Manth Sep Day	Year 68 8 M
J. 2, 2m P		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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the de		Joppo give street oddress) Old Mount Jin Norman most of working life, even if retired.)	Civil Service
after lang Give death.	130	. USUAL RESIDENCE Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. MSDE CITY LIMITS? 13e. STREET AND NUMBER 4 13missian) STATE Maryland 13b. COUNTY Harfard Soppa YES NO X 1202 Old Mouse	tain Road
Hours Item Office	-	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
2 2 2		Thomas WETNET Tranberg Olga	Olsen
This certificate should be executed within 24 icate, writing the word "pending" in pencil in be farwarded to the Chief Medical Examiner. I be used as a burial-transit permit. File pages ar remaval, and in any event within 72 haurs	(oustain Read
ted v in tin tin tin tin tin tin tin tin tin t		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
executed nding" ir Medical permit.	1	9.5.5 X DUE TO, OR AS A CONSEQUENCE OF	
be e "per "per / jief /		Canditians, if any, which gave inse to immediate cause (a), (b)	
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cate stage the ed ta ed ta and ir		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rtifica riting rardec ed as val, a	NOI	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certific ate, writing the farwarde be used as r remaval,	CERTIFICATION	WAS PERFORMED?	YES NO
*= 7 =	MEDICAL CER	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Itel HOUR AM. 7-17 19 8 5 5 5 5 5 5 6 7 5 5 6 7 6 7 7 7 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8	m 18.)
at Same	ME	21d. INJURY OCCURRED AT WORK	Hounty Md.
AL EXA xecute . Page far yau oR: Pag	F.	22a. I certify that I took charge of the remains described abave, held an Autopsy, Inspection 🗷, / Inquiry 🔀	, ond in my opinion
bical Exaplesses execute of director. Page retained for you. DIRECTOR: Page or to burial, creat to burial, c	6	deoth resulted fram: Natural causes , Accident S. Suicide , Homicide , Undetermined manner [I - will
ury, please eral direct eral direct be retain RAL DIRE		ACTUAL SIGNATURE DEVILO C Galmen CHIEF MEDICAL EXAMINER 222b. DATE S	/ / / / /
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health priar to burial, crem		EXAMINER'S NAME (Type) GETOID CPOL MES MD DEPUTY MEDICAL EXAMINER & 9-	17-68
TO TO F		REMOVAL (Specify)	(Caunty) (State)
	24.	FUNERAL DIRECTOR . ADDRESS . 125g. REC'D BY REGISTRAR . 125b. REGISTRAR S. S.	IGNATURE
VR A15ME (5)	a.	FUNERAL DIRECTOR WEST Broadway & Williams St. DATE SEP 1 9 1968 Clien	les Judge

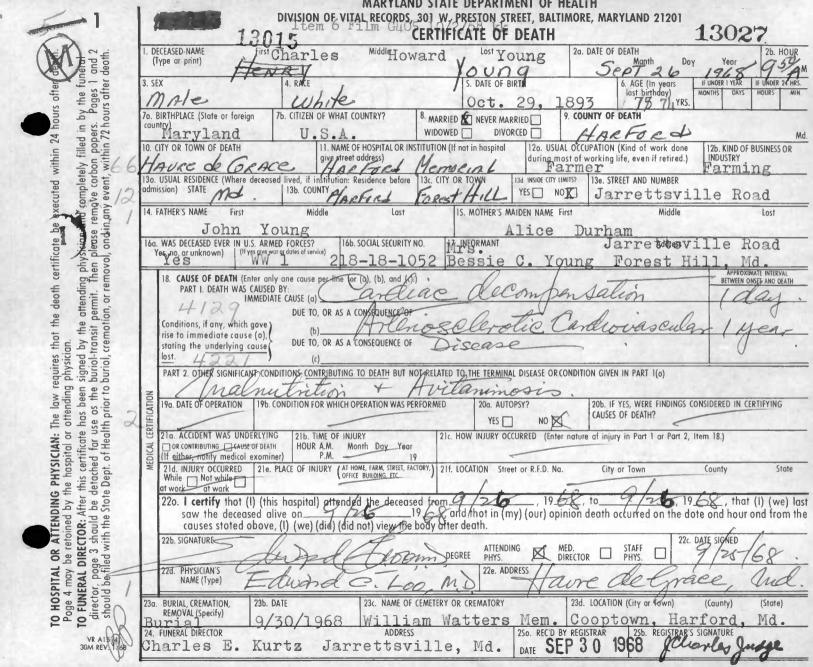


1 1301	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	- 1.
FOR STATE	Item#2a, Fidm G405 MEOTCAGEXAMINER'S CERTIFICATE OF DEATH 13025	5
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do	Y Yeor 2b. HOUR
lay is Page Poge	(Type or Print) OS C 2 7- J Weave) OF ESTI- DEATH MATED Not Kn	iown 19 M
d 3 d 3	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
ny delay 2, and 3 t PM3. Pag	11 W 6/11/907 6/YRS. MONTH COLOR SO	Yeor 19 68 104M
Dep m. 2	7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO PREVER MARRIED 9. COUNTY OF DEATH	
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after death 8. Give Page along with with the Stat	Having most of working life, even if retired.) IND	o. KIND OF BUSINESS OR DUSTRY
	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 13b. COUNTY HOW TO THE STORY OF STATE 13b. COUNTY HOW TO THE STATE OF STATE 13b. COUNTY HOW TO THE STATE OF	.72,
habris Hem 1 Office 1 and 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
ers of	SherMAN WEAVER UNK	
Pog pa	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give was or delies of service) UNK 17. INFORMANT Mos. Matilda George 550 36	omba H
d with the lear lear lear lear lear lear lear lea	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
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be eximinate be eximinately being the hief Me ansit present	Conditions, if ony, which gove (b) (b)	
ALEXAMINER: This certificate shauld be executed execute the certificate, writing the word "pending" in rr. Page 4 should be farwarded to the Chief Medicol Estar your files. Tor your files. TOR: Page 3 shauld be used as a burial-transit permit. Furial, cremation, ar remayal, and in any event within	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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iting iting arde arde arde	8 163 X	
This certific ficate, writin be farward do be used as ar remayal,	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	2D. AUTOPSY?
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INER: The certification of the	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	18.)
CAL EXAMINER: execute the certifor. Page 4 should fall far your files. CTOR: Page 3 should burial, cremation,	21d. INJURY OCCURRED WHILE NOT WHILE OCCUPY, office building, etc.) AT WORK AT WORK 121d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)	County State
kecul Pag far y R: P	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my apinian
CAL E. e executor. Page ed far (CTOR: Fundal)	death resulted fram: Natural causes 📝, Accident 🗌, Suicide 🔝, Hamicide 🔲, Undetermined manner 🔲	
please director retained or ta b	CHIEF MEDICAL EXAMINER Be/	Ain- Ad.
UTY DICA Broad director be retained ERAL DIRECT	SIGNATURE COLUCE D'ANNE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	
FPI Fundament	EXAMINER'S NAME (Type) Get) /d CP2 (me) - n) DEPUTY MEDICAL EXAMINER & 9-3	30 - 68
TO D nece the 5 m 10 FL	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 1968 23c. NAME OF SEMELERY OR CREMATORY 23d. LOCATION (GITY OF TOWN) (CO	unty) (Stote)
	24 FUNERAL DIRECTOR 25b. REGISTRAN'S SIGN	NATURE
VR A15ME (5)	Dennington + In Have de Drace, by DATE OCT 7 1968 John	es Judge



7-17	MARYLAND STATE DEPARTMENT OF HEALTH 13014 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1302	26
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 20. DATE KNOWN Manth Day OF ESTI- COOK W, 118	y Year 2b. HOUR
y deloy is ond 3 to PM3. Page	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours of the state of the s	Year 1965 2d. HOUR
- E	7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH ' country)	M
offer deoth 8. Give Poges olong with he date leoth.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital liza. USUAL OCCUPATION (Kind of work dane liza diversity of the street address) 12. USUAL OCCUPATION (Kind of work dane liza diversity of the street address) 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital liza usual occupation (Kind of work dane liza diversity of the street address) 14. OSPITAL OR INSTITUTION (If not in hospital liza usual occupation (Kind of work dane liza usual occupation) (K	KIND OF BUSINESS OR CUSTRY ST. How OV
24 hours ofter death in Item 18. Give Page r's Office along with the as I and 2 with the after death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE MD, 13b. COUNTY HARFORD DARLINGTON YES NO 12. D. # 1 Back	115
them s Office s I and 2 after	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle ELWOOD - WILLIS MARGARET -	Cook
within 24 pencil in xominer's ile pages 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates af service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS RAPA 17. INFORMANT T. GEORGE ROA	
This certificate should be executed within icate, writing the word "pending" in pencil be forworded to the Chief Medical Exomine I be used as o buriol-transit permit. File paging removal, and in ony event within 72 hour	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) F ACTUSE (C)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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should be word to the Charles in ony in	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last.	
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+	21o. EXTERNAL CAUSE WAS PRIMARY AOR CONTRIBUTING DEPTH 1 or Port 2, Item 1 PRIMARY AOR CONTRIBUTING P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street. 21f. LOCATION Street or R.F.D. No. 1 / City or Town	18.)
3 = She	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK 21e. PLACE OF INJURY (At home, farm, street, fightory, office building, etc.) L. C. L. C. L. C. L. C.	ounty State Mu
CAL EX execution. Pogor. Pogor or Pogor CTOR: Pogorial,	22o. I certify that I took charge of the remains described abave, held an Autopsy , Inspection , Inquiry , death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined manner	ond in my opiniar
JIY DEOSE e erol director be retained RAL DIRECT prior to bu	ACTUAL Position CHIEF MEDICAL EXAMINER 1 9-5	
fun de f	SIGNATURE EXAMINER'S NAME (Type) SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)	A CI-M.
TO D nece the 5 m TO FU	230. BURIAL, CREMATION, REMOVAL (Specify) SEPT. 8/968 DARLINGTON EM. 23d. LOCATION (City or Town) (Co.) HARFOR	ounty) (State)
VR A15ME (5) 10M REV. 1/68	24. EUNERAL DIRECTOR ADDRESS PACE MORESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN SEP 9 1968 SCharles	NATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13028 13016 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME First 2g. DATE OF DEATH 2b. HOUR death. Pages I and 2 nours after death. (Type ar print) Month JULIAN IE HNERT 1230PM 24 haurs after 4 RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX IF UNDER 1 YEAR last birthday) MONTHS | DAYS CAU MAY 1907 YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. 8IRTHPLACE (State ar fareign 8. MARRIED NEVER MARRIED WIDOWED' DIVORCED [Ha.r IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR within give street address) INDUSTRY attending physician was carban sermit. Then please remaye carban burial, crematian, ar remaval, and in any event, wit 115 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY YES X BELAIR 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Liehner Margare 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no or wiknown) APG Robert 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARCINOMA TOSI DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) 6) Carcinoma burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital ar attending directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to l TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day P.M. If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) ottended the deceased from 700, 1968, to 385, to 385, 1968, that (1) (we) last saw the deceased alive an 1988, and that in (my) (our) opinian death accurred on the date and haur and fram the couses stated above, () (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Air (Harford) Bel Air Memorial Gardens Bel 2 Oct. 1968 24. FUNERAL DIRECTOR 25g. REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATEQCI 1968 30M REV. Tarring Funeral Home. Aberdeen, Md. 21001

12016 Option Inc. nesting and the second second and the second second and the second s The state of the s position of the state of the st The state of the s all of the first STEPLED FROM THE WAR TO STAND THE roles set to amorestar ... 6.508/4F am - Marine Marine Commence of the Commence of 29 # Variet In the state of the con-CHILL WIS HE & SWEET SHEET ANT WAR DEED SHE X HEAR AN OVERALL The first control of the control of September 1980 to 198 and the contract of the